

1 : CV 00 - 1846

Not - Part - of - Complaint - To - BE
SERVED. (For Court Record only)

— EXHAUSTION —

— DOCUMENTS —

Only ENCLDED TO PROVE TO THE

HONORABLE COURT ALL REMEDIES

HAVE IN FACT BEEN .

EXHAUSTED

A.D.A. Discriminate Claim
DC-804 NEW MATTER.

PART I

Copy/Dates/with Submission.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN No#
Immediately PLEASE,

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	13 Sept. 00
MOSER BE4713	<i>J. Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	CA - C28
- NONE -		

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I am LEGAL Determined DISABLED, By (U.S. Gov. (S.S.E.) (BUREAU OF DISABILITY
COMMISSION OF PENNSA) (Disability Commission of Texas) On 7/12/00 I FILED AN A.D.A. claim
With THE Pa. DOB.C. (which is why i was transferred to SEC-Huntington, But THE condition
of THE A.D.A. claim were not met, (Appeal Review)(file). SEC-Huntington Does not Comply
With THE A.D.A. Act, Rather it "Discriminates Grossly Against THE DISABLED in
Violations of Disab. Directive (and) (Pennsylvania V. Yoskey,, 118 U.S. SUPREME Ct 1952
(D.O.C.) * Plain Text of TITLE II of THE American with Disabilities Act, Unambiguously Extends
State prison inmate! So When DR. Mahadevan Told me, "I Don't CARE About your A.D.A.
and Disabilities" and STOPPED ALL Medications/Treatment, (In malice Rehabilitation) and
THE Doctors after this File a suit, To Date: I suffer Great pain, no sleep, Incontinence
No A.D.A. Housing ect... You ARE Guilty of Intentional Discrimination Against a
DISABLED Person in violation of THE US. SUPREME Ct. Constitution. Please Correct your

B. Actions taken and staff you have contacted before submitting this grievance: ACTION IMMEDIATELY. THANK YOU.
THE court say, Because of THE importance of THE A.D.A. and THE needs of
immediate attention (medical, & housing) I may FILE A.D.A. Discrimination and Civil
Claims Direct to THE Courts. But I will work with you First By Filing This. I ask you to
Your medical staff & Prison A.D.A. Complain. Lawyer in D.C. (Motherly, Patell, Stomaker, Disher (MD))
Your grievance has been received and will be processed in accordance with DC-ADM 804. wrote yalee, kyle, about A.D.A. medical issues
(need for treatment)

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE:

9-1-00

SUBJECT:

Inmate Request Slip

TO:

Moser

Inmate Name

BE-4713C

D.C. #

Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

Referred to appropriate staff member MS. P. Garger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor W. Cummins

File

Capt. Levy

DC-135A

C.C. (3) ATT
Super
Media/REL -

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Supervintendent Kyler

2. DATE

1/Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Moser BE4713

4. COUNSELOR'S NAME

Commis,

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I WROTE YOU ABOUT THE UNLAWFUL, RETALIATORY ACTIONS OF DR. MCKENZIE THE OTHER DAY (2) DAYS AGO. I FORGOT TO MENTION,

WHEN I SPOKE TO HIM ABOUT MY RIGHTS TO EXERCISE MY RIGHT TO FILE COMPLAINT AND LEGAL PROTEST. HE SAID "WELL REMEMBER YOU HAVE A MAX. DATE OF 2004"

I UNDERSTAND THIS TO BE A DIRECT THREAT TO ME, THAT IF I EXPOSE (OR) EXPOSE TO THE MEDIA HIS UNLAWFUL ACTIONS HE'LL GET EVEN WITH ME, WITH RETALIATION AND INSTRUCT OTHER STAFF MEMBERS TO TREAT ME WITH DELIBERATE INDIFFERENCE. I WILL CONTINUE TO EXERCISE MY RIGHTS, TO STOP HIS UNLAWFUL ACTIONS AND PUBLICLY EXPOSE THEM. I PRAY YOU WILL STOP ANY FURTHER ACT'S OF INDIFFERENCE

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

TOWARDS ME! PLEASE ENTER THIS DOCUMENT INTO
LEGAL RECORD. THANK YOU. I ASK YOUR ASSISTANCE

Mr Moser.

Your concerns are noted.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

9/11/00

**COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 18, 2000**

1028
SUBJECT: Consolidated Inmate Grievance
Review System

TO: Jeff Moser, BE-4713
CB Unit

FROM: *D. Baney*
Diana G. Baney
Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- ____ All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- ____ All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- ____ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- ____ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- ____ Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI., A, 5)
- ____ Grievances must be signed. (Section VI., A, 3)
- ____ Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

You are well aware that DC-ADM 804 requires that you make an effort to resolve matters such as this through appropriate staff prior to filing a grievance. Although you indicate that you requested emergency medical treatment, you failed to indicate what the emergency was over the past weekend. Any complaints or concerns you have regarding your medical treatment should be addressed through Mrs. P. Yarger, Health Care Administrator, via request slip. If this matter cannot be resolved at the recommended level, you may resubmit your grievance for further consideration. Based on the information you provide, this appears to be an ongoing medical complaint and I find nothing in this particular grievance to indicate a medical emergency. Furthermore, the directive clearly establishes that the grievance system is not intended for emergency situations. Because you fail to comply with the guidelines established by DC-ADM 804, your grievance is being returned unprocessed.

DGB:tll

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-804

PART 1 NEW INCIDENT
FILED ON ADVICE OF COUNSEL

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

PLEASE DON'T HINDER MY
 ACCESS TO A GRIEVANCE
 NOT# THANK YOU!

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSEY BE4713	<i>Jeff Mosey</i>	12 Sept 03
WORK ASSIGNMENT (1:30 PM) (Sgt. WILKIE on)	QUARTERS ASSIGNMENT CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY NARCOTIC PAIN MEDS (8) PILLS A DAY TO (6) A DAY (Good Till 10-2-03) AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT US TO GIVE IT TO YOU" (I SAID YOUR MISTAKE) "HE SAID FOR THAT CASE YOU'LL SEE THE DOCTOR Monday. (very huffy like), SO MONDAY I SAW THE DOCTOR (without) and he said ~~RE~~ FURTHER REVIEW OF SHUMAKER NOTES. I'M CUTTING YOU OFF ALL MEDICATION AND TREATMENT, I FEEL DOCTOR MAHADEREN NOTES ARE CORRECT - WHICH ARE? ALL MY M.R.E ARE WRONG AND ALL MY NURO-SURGEON ARE WRONG ALSO! (YOU NEED NO TREATMENT) NOT WITHSTANDING AFTER MAHADEREN WAS FIRED, DR. SHUMAKER CALL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.E. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance: SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION, BUT I'M REFUSED ANY EMERGENCY SERVICES, I'VE MADE THE NEWSPAPERS, ATTORNEY AND FAMILY AWARE OF YOUR ACTION AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 10 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'VE RELEASE A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASSIT,

(WROTE: MR. WILLIAMSON, KYLER, SPOKE TO DR. SHUMAKER & BREDFELL, NO HELP.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

PART 1
New Incident
FILED ON ADVICE OF COUNSEL

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

PLEASE DON'T HINDER MY
 ACCESS TO A GRIEVANCE
 NOT THANK YOU!

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	<i>Jeff Moser</i>	12 Sept 03
WORK ASSIGNMENT (1:30 PM) (Sgt Little on)	QUARTERS ASSIGNMENT	CB-130

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY NARCOTIC PAIN MEDS (8) PILLS A DAY TO (6) A DAY (good till 10-2-03)
 AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT ME TO GIVE IT TO YOU" (I SAID YOUR MISTAKEN) HE SAID IN THAT CASE YOU'LL SEE THE DOCTOR Monday - (very hasty like), SO Monday I SAW THE DOCTOR AND HE SAID ~~WITHOUT~~ REVIEW OF SHUMAKER NOTES. I'M GETTING YOU OFF ALL MEDICATION AND TREATMENT, I FEEL DOCTOR MAHADEN'S NOTES ARE CORRECT - WHICH ARE? ALL MY M.R.E ARE WRONG AND ALL MY NURSE-SURGEON ARE WRONG ALSO! (YOU NEED NO TREATMENT) NOR WITHSTANDING after MAHADEN WAS FIRED, DR. SHUMAKER CAL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.E. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance: SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION, BUT I'M REFUSED ANY EMERGENCY SERVICES, I'VE MADE THE NEWSPAPERS, ATTORNEY AND FAMILY AWARE OF YOUR ACTIONS AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 100 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'LL RELEASE A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASSIT.

I wrote: MR. WILLIARDSON, KYLE, SPOKE TO DOCTOR SHUMAKER & BOSTELL. NO HELP.
 Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

PART 1 New Incident
FILED ON ADVICE OF COUNSEL

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

PLEASE DON'T HINDER MY
 ACCESS TO A GRIEVANCE
 NOT THANK YOU!

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	<i>Jeff Moser</i>	12 Sept 03
WORK ASSIGNMENT (1:30 PM) (Sgt. NIKIE on)	QUARTERS ASSIGNMENT	CB-130

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY NEUROLOGIC PAIN MEDS (8) PILLS A DAY TO (6) A DAY (END TALL 10-2-03) AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT US TO GIVE IT TO YOU" (I SAID YOUR MISTAKEN) HE SAID IN THAT CASE YOU'LL SEE THE DOCTOR Monday - (very HUFFY LIKE). SO Monday I SAW THE DOCTOR AND HE SAID ~~WITH~~ ^(without) FURTHER REVIEW OF SHUMAKER NOTES. I'M TELLING YOU OFF ALL MEDICATION AND TREATMENT, E FEET DOCTOR MAHADERIAN NOTES ARE CORRECT WHICH ARE? ALL MY M.R.I ARE WRONG AND ALL MY NURO-SURGEON ARE WRONG ALSO! (YOU NEED NO TREATMENT) NOR WITHSTANDING AFTER MAHADERIAN WAS FIRED, DR. SHUMAKER CALL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.I. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance: SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION BUT I'M REFUSED ANY EMERGENCY SERVICES, I'VE MADE THE NEWSPAPERS, ATTORNEY AND FAMILY AWARE OF YOUR ACTIONS AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 10 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'LL RELEASE A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASSIST. —

I wrote: Mr. William Johnson, Kylee, Snake to Doctor Shumaker, Dr. Roselli, No Help.
 Your grievance has been received and will be processed in accordance with DC-ADM 804.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PENNSYLVANIA 17001-0598

OFFICE OF THE
SECRETARY OF CORRECTIONS

August 30, 2000

Jeffery Paul Moser, BE4713
SCI Huntingdon

Mr. Moser:

Your letter to Deputy Secretary Erhard has been received and referred to my desk for response. I have contacted the institution to inquire about your medical care. I find and documentation verifies that your case has been and continues to be meticulously reviewed. Qualified medical personnel will amend your treatment plan if or when necessary.

Once again, it is well documented that you were seen by a neurosurgeon regarding your back pain. The outcome of this consultation was a recommendation for surgery, which you have refused. Your "pain management" plan has been and continues to be monitored by appropriate health care professional within the facility.

Mr. Moser, appropriate care is the norm and I would suggest you work with the Health Care Staff at SCI Huntingdon.

A copy of your letter and subsequent documentation will be forwarded to Superintendent Kyler and the Bureau of Health Care Services for review.

Sincerely,

A handwritten signature in cursive ink that appears to read "E.J. Brannigan".

Eugene J. Brannigan
Assistant to the Deputy Secretary
Eastern Region

Ejb

cc: Deputy Secretary Erhard
Superintendent Kyler w/attachments
Director Catherine McVey (Health Care Services) w/attachments
File

DC-135A

C.C.(4) YAGER
HORN
ATTORNEY
FILE.

C-B

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

INMATE'S REQUEST TO STAFF MEMBER

Sworn complaint -

1. TO: (NAME AND TITLE OF OFFICER)

MS. Yager (Medical Administrator)

2. DATE

7 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MASER BE4713

J. M.

4. COUNSELOR'S NAME

Commis

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today I went to see a Mental Health Doctor, on the advise of Doctor Shumaker. . . I WAS REFUSED ANY KIND OF MENTAL HEALTH TREATMENT, AS I UNDERSTOOD THEM TO CONVEY TO ME, "THE KIND OF TREATMENT YOU WERE ON WE DON'T GIVE HERE, THE MEDICATION YOU NEED IS STRONG, SO WE CAN OFFER YOU NO ALTERNATIVE". THEN I ASK CAN YOU REFUSE ME MENTAL HEALTH SERVICES? I UNDERSTOOD THEM TO SAY "YES, I CAN LEGALLY REFUSE YOU SERVICE'S 3 MEDICATION". NOW THIS IS NOT WORD FOR WORD EXACTLY, BUT IT IS WHAT I UNDERSTOOD THEM TO BE TELLING ME. SO WE GOT YET ANOTHER INCIDENT WHERE I AM REFUSED ANY KIND OF MEDICAL TREATMENT, YOUR DOING THE SAME THING WHEN YOU REFUSE ME, MY NEEDED SPINE FUSION OPERATION, TO "SAVE COMPANY MONEY" THIS IS MEDICAL NEGLECT AND UNLAWFUL, I TELL THE MEDICAL DEPT. 3 WEXFORD LEGALLY,

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

LIABLE, FOR ANY HARM THAT COMES TO ME, DUE TO THIS MEDICAL NEGLECT. PLEASE GET BACK TO ME TIMELY AS DIRECTIVE STATES. I'LL SERVE COUNSEL WITH A COPY OF THIS, THANK YOU FOR YOUR TIME, I AWAIT.

Mr Maser

You are being seen & treated by professional medical staff. Your treatment plan will continue as directed by the professionals - psychiatrists, doctors, physician assistants, etc. — You need to work with these individuals.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Pat Yager

DATE

9.12.00

DC-135A

C.C. (17)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Sgt. D. J. Williamson (Deputy Corrections)</i>	2. DATE <i>11 Sept. 00</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Moser BE4713</i>	4. COUNSELOR'S NAME <i>Comm'n</i>
5. WORK ASSIGNMENT	6. QUARTER ASSIGNMENT <i>CB-130</i>
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <i>SIR, I HAVE AN URGENT SITUATION, THAT NEEDS TO BE ADDRESSED IMMEDIATELY. PLEASE RESPECTFULLY, Tomorrow I AM Being Cut off my pain meds (cold turkey). I'VE BEEN ON THEM FOR (4) YEARS BECAUSE I NEED THEM, THIS IS Document IN MY FILE By SEVERAL M.R.I(S) AND NURSE-SURGEON Reports, which THE Doctor CLAIMS ARE WRONG, (Your Doctor) (9) NURSE-SURGEON (Past 3 Present ARE NOT WRONG, AND M.R.I. Don't Lie) I NEED A SPINE FUSION AND TO BE MEDICATED TILL THAT TIME. (Look AT THE REPORTS) Now, THIS IS THE SECOND TIME I'VE BEEN CUT OFF Medications, AFTER I ASK FOR MY SPINE operation, SO INSTITUTIONAL RETALIATION Shouldn't BE Hard To PROVE AS WELL AS MALPRACTICE, SINCE WE HAVE ALL THE SPECIALIST Doctors Reports, M.R.I. TO PROVE THE NEED FOR FAIR MANAGEMENT AND A SPINE FUSION operation. Now I WAS SENT HERE → OVER</i>	

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

continued on Backside

Mr. Moser-

I will send these request slips to Mrs. Yarger,
Health Care Adm. for her review and response

cc: Mrs. Yarger

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Antithuman DSCS

DATE

9-22-00

DC-135A

C : C. (5) Williamson
 Yaber
 Denney
 ATI FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Dep. Superintendent Williamson

2. DATE

14/Sept/00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSSER BE4713

4. COUNSELOR'S NAME

(unma)

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (Thursday 14th Sept. 2000) I was taken out for a E.M.G. which show the levels of Pain I am in and extent of the Nerve Damage in my Back and Left Leg & Foot. Afterwards the Doctor concluded that I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD MY BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER! Thus he must be having extreme (pilot) of PAIN. So C/o Farmer walked me down to medical when we got back and told the medical staff what he said and that the Doctor suggested I BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING AND MY BACK IS "SHOT") My Foot IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 months) FOR THE D.O.C. TO TREAT ME, NOW IT MAYBE IRREVERSABLE HARM. But I'm NOT writing you to ABLIGUE OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

But to say I NEED Help IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT First. PLEASE ORDER THIS NOW AS MY NEURO-SURGEON Recommended, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU Help I would APPRECIATE IT, PLEASE DON'T Prolong THE DAMAGE TO ME AND Prolong my PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAYBE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (or) DO SOMETHING FOR my PAIN A.S.A.P - THANK you Kindly —

(HE ALSO AFFIRMED MY INCONTINENCE DUE TO NERVE DAMAGE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804
PART 1RESPONSE RECEIVED
9-21-00 MS. YAGERCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0136-00

TO: GRIEVANCE COORDINATOR - APPEAL TO Superintendent -	INSTITUTION SCI - Huntingdon	DATE 9-21-00
FROM: (Commitment Name & Number) MOSER BE4713	INMATE'S SIGNATURE J. Moser	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT CA - 10028	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

PLEASE REVIEW ALL THE "TESTING" AND "MEDICAL FACTS" PROVEN MEDICAL FACTS ARE I HAVE (4) M.R.I. SCAN Reports (1) NURO-SERGON Report (with Specialist orders For Fussion operation) AND Pain management "operative until said Fussion is Done" (which By U.S. Sup. Ct. Standard is whatever treatment needed when ordered by a specialist) AND an E.M.G. Report. Now I say, I'VE BEEN TO (7 or 8) OTHER REKNOWNED NEURO-SURGEON who ALL SAID THE SAME TELLING AS ALL THE SCIENTIFIC PROOF IN TESTING SAID, AND SUCH IS ALREADY IN RECORD IN Federal Court CV-99-0326 THESE TEST DON'T LIE, NOR ARE ALL my Doctor BEFORE I GOT TO Huntingdon, Drug Pushers. I WAS MEDICATED AND ENSTRUCTED FOR SURGERY BECAUSE IT WAS A PROVEN NEED. AS THIS PROCEEDS TO COURT ACTION, I ONLY HOPE TO SEE THE MEDICAL Dept. STAFF AT HUNN. ATTEMPT TO PROVE THAT

B. Actions taken and staff you have contacted before submitting this grievance:

ALL my Doctor fast AND MEDICAL & TESTING WITNESSES ARE LIARS, Drug Pushers AND EXPLAIN HOW YOU BILLY A M.R.I. SCAN MACHINE. Ms. YAGER WHOLE RESPONSE IS WITHOUT MERIT, SHE DOESN'T ADDRESS THE SCIENTIFIC PROOF, I DON'T LIVE IN ARIZONA, AND I GOT Bottom Runk over TIR BECAUSE OF SURGURES. THE ONLY PERSON(S) I VOTE ARE HUNNINGTON MEDICAL STAFF Your grievance has been received and will be processed in accordance with DC-ADM 804

**TO SAVE MONEY, AN INTELLIGENTIAL
HABEN THE READ THE PROOF PLEASE
ASSIST *****

DC-804
PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

1028

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

0136-00

To: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
Jeffery Moser, BE-4713	SCI-Huntingdon	CB	8/29/00

The following is a summary of my findings regarding your grievance:

In your grievance dated 8/29/00 you complain that you have been refused a spinal fusion, neurosurgeon consult, and effective pain medication. You also note that you are not refusing surgery and have no drug abuse history. It has been investigated based on your medical record and it is found that you have on multiple occasions, since 8/18/00, threatened legal action if narcotic medications are not ordered for you. You have requested HS Snack but have repeatedly refused diets as they have been prescribed for you. On 8/30/00 you were granted an extensive examination by Dr. Mohadjerin in which he found that you had been on chronic narcotic pain medication post to laminectomies. Your weight at that visit was 335 lbs. and you were considered obese. Dr. Mohadjerin assessed your back, your gate stance, and he also assessed two pair of shoes for heel wear to determine if there was a pattern consistent with your complaints. No pattern consistent with a limp that was noted when you were in Medical was found on either pair of shoes. It is noted that you told him at that time those shoes were new. Confirmation through SCI-Frackville and the Shoe Shop at SCI-Huntingdon determined that those shoes were issued to you in March 2000. Your complaints of pain and Dr. Mohadjerin's physical findings during that examination are inconsistent. There was no indication for management of pain on a chronic basis with a narcotic. Dr. Mohadjerin did feel that you could be managed pain wise on an as needed basis with a non-narcotic medication. You refused the diet ordered for weight loss and it was discussed with you how weight loss and exercise may help with pain control. An EMG and nerve connection study was ordered at that visit and has been done since. Dr. Shumaker saw you also on 9/1/00. During that visit you told him you were not interested in surgery while you were in prison and you would wait until you got out in approximately 9 months to have your surgery done in Arizona. On 9/9/00 you saw Dr. Shumaker. You asked for narcotics, stated you wanted your back surgery done, and stated, "If you aren't going to give me pain pills I might as well have my surgery here." On 9/11/00 Dr. Bardell saw you and during that visit he documents you were belligerent, accusatory, aggressive, and demanding. As a new physician Dr. Bardell was not familiar with your case and when he attempted to question you regarding your case you became demanding, threw papers on the desk, and left the department before he could finish his examination. RN Williams saw you 9/12/00 and during that visit you made the comment that if you can't get your pain medication then you are going to fall out. You threatened to manipulate your blood sugar in order to get what you wanted as far as pain medication was concerned. PAC Cain saw you 9/15/00. An examination again was inconsistent with the complaints that you offered during that visit. It is also noted that since you have been here at SCIH you have requested to work in the Building Trades program and to also use the Library. The Building Trades program is an education program for construction. It is also noted that you requested bottom bunk/bottom tier status when Dr. Shumaker saw you on 9/1/00. Based on your problems with your back. Please be advised that the practitioners here at SCIH will manage your care appropriately based on their objective findings to your subjective complaints. Your care is not driven by your demands, wants, or threats. It is also noted that surgery was offered to you while you were at a previous SCI and you refused to have the surgery done. It is also noted that previous attempts to assist you with providing a diet for weight loss, exercises, etc. have been rejected by you. I am encouraging you to work with the healthcare team in order to manage your healthcare problems. In doing so, you are encouraged to actively participate by listening as apposed to attempting to bully healthcare staff into providing care that you want. Be advised, if medication, surgery, or any further tests are determined to be medically necessary for you under this contract or any other they will be provided to you. The determination for medically necessary is made by the healthcare providers responsible for developing your treatment program. Again, I am encouraging you to work with healthcare staff in order to facilitate you gaining gainful employment within the institution and working through your programming to make the best use of your time here at SCIH. Your grievance is found to be without merit due to the fact that you have not been refused medication and you have not been refused a back operation under false pretenses.

:mw

cc: D. Baney
Deputy Williamson
Deputy Patrick
Nurse Supervisor
Carol Pollock
DC-15
File

SIGNATURE OF GRIEVANCE COORDINATOR	DATE
<i>D. Baney</i>	9/15/00

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

State Correctional Institution at Huntingdon

(814)643-2400

DATE:

9-15-00

SUBJECT:

Inmate Request Slip

TO:

Moser

Inmate Name

191-284

BE-4713

C

D.C. #

Unit

FROM:

Kenneth D. Kyler

Superintendent

I have received your inmate request slip and have the following response.

Referred to appropriate staff member

M.B. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.

Superintendent's Office to be provided a copy of staff's response:

cc: Counselor

W. Cummings

File

DC-135A

Dated/Copied/A.D.A. Requests

Legal Submittal Correspondence
INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Kyle

2. DATE

14 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSCOW BE4713

4. COUNSELOR'S NAME

Committee

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-O28

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

I am Deemed Legally Disabled By (Bureau of Disability Comm. of Pennia) (Disability Commission of Texas & Nevada) (Federal Bureau of Disability S.S.I. & S.S.D. Administration). So I "Now" Formally Request that you comply with THE AMERICAN WITH DISABILITIES ACT OF 1990, REHAB. ACT and my FILED DISABILITY claim for SERVICE FILED WITH THE PA. D.O.C. CAMP HALL. I AM NOT ASKING YOU TO UPGRADE YOUR STAFF PERSON, WHICH IS NOT Compliant with THE ADA and Does Grossly Discriminate against THE DISABLED. I am formally requesting to be housed on THE SPECIAL NEEDS unit of Sci-Burwng/Fire, As I Legally Qualify MORE than most already housed THERE; and Be Permitted to have a Single Bottom Twin Cell, AS THE Federal Standard is 50% of space (Per Described Person) and Priority for Enclosed Unit Prisoners to Isolate Themselves when they have such Problem. PLEASE Command my Housing Change timely, Your assistance is Deeply APPRECIATED God Bless You and yours.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(Pennia v. D.O.C. vs. Yeskey), 118 U.S. Supreme Ct. 1952 (1992)
 * Plain Text of Title II of THE AMERICANS WITH DISABILITIES ACT, UNAMBIGUOUSLY EXTENDS TO STATE PRISON INMATES *

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

C.C. (Kyle)
ATT/

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
WARDEN Kyle	14 SEPT. 00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MOSEB BEC4713	Cummings
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	CA-028
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

SIR, Recently I wrote Counsel /AT. In A Effort To Get Assistance, with THE MEDICAL NEGLECT, IN SO I WANTS IN MY CONSTITUTIONAL RIGHTS TO DO SO, I'VE BROKEN NO RULES HERE NOR, TAKEN Actions On ANYTHING, NOR SOLVED THE CASE. Personnally, So, THE PERSONS I AM Writing You Is, I Don't Want To Be A Hassle (or) Thorn In Your Side, In Fact If Your Staff "MAKES An Honest Effort To Effectively Manage My Pain IMMEDIATELY and SCHEDULE TREATMENTS" I would Deeply APPRECIATED IT, EVEN IN "WITNESS" My E.M.G, Showed I was NOT Faking, My (4) M.R.I. were Not Wrong And Neither Was THE NEURO-SURGEON(S), Now That You Got Your Point, PLEASE Stop THE MEDICAL NEGLECT and Lets move on Forward - So, PLEASE Disregard Any Correspondances From Counsel (or) Press Et

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

I'm Getting THE ABOVE MENTIONED TREATMENT AND I Want To Work With You: IF I've offend you in any manner, In my Correspondance's I apologize.

Thank You Kindly!

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

State Correctional Institution at Huntingdon

(814)643-2400

September 13, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Moser, BE-4713
C Unit

Diana G. Baney/JG
FROM: Diana G. Baney
Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI., A, 5)
- Grievances must be signed. (Section VI., A, 3)
- Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my position regarding this matter remains unchanged. The issues regarding your medical complaints and complaints about Dr. Mohadjerin are being addressed in response to grievance # 0136-00. As I previously advised you, if you have any additional information you feel should be considered, you should submit this information to Mrs. P. Yarger, Health Care Administrator, via request slip.

Because this matter is already being addressed in response to the above noted grievance, be advised that your request to file an additional grievance is denied.

DGB:tll

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-135A

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

C.C. (5)

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

— GRIEVANCE Coordinator —

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Mrs. BANEY (Assistant To Superintendent)	10 SEPT. 00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MOSER BE4713	Commings
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	CB-130
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Ms. BANEY, with ALL DUE RESPECTED PLEASE SEE ATTACHED- PLEASE ASSIGN IT A GRIEVANCE NOT# AND PROCESS IT IN ACCORDANCE TO D.O.C. POLICY AND PRISONER LITIGATION REFORM ACT OF 1996) You said THIS ISSUE WAS BEING ADDRESSED ALREADY IN GRIEVANCE NOT# 0136-00,, THIS IS MORE THAN INCORRECT RESPECTFULLY, THIS IS A SEPARATE INCIDENT AND A DIRECT VIOLATION OF MY CONST. RIGHTS WHICH TOOK PLACE ON A DIFFERENT DAY. IF YOU CHECK MY FILE I LITIGATED THE PROBLEMS BEFORE, WITH REFERENCE TO GETTING GRIEVANCE NOT# ASSIGNED TO MY GRIEVANCE, NOW, I FEEL I'M BEING DENIED MY DUE PROCESS RIGHTS BY YOUR OFFICE AGENT. (THE P.L.R.A.) STATE'S I MUST EXHAUST REMEDIES ON EACH SEPARATE ISSUE, UNLESS PRISON OFFICIAL MAKE SUCH IMPOSSIBLE.

ALL I ASK IS THAT I BE ASSIGNED NOT# IN ACCORDANCE WITH THE LAW, & THAT I NOT BE HARRASSED UNLAWFULLY BY STAFF, IN RETALIATION FOR MY LITIGATION

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) AS IS BECOMING THE CASE TOWARDS ME, WITH GUARDS AND STAFF. PLEASE DOCUMENT SUCH. THANK YOU AND MAY GOD BLESS YOU & YOURS.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my review of this grievance indicates that it is currently being addressed in response to grievance # 0136-00. Subsequently, a second grievance will not be processed regarding this matter. If you have additional information you feel should be considered by Mrs. P. Yarger, Health Care Administrator, I recommend that you submit it to her in the form of a request slip.

DGB:tll

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 18, 2000

SUBJECT: Response to Inmate's Request to Staff Member

TO: Moser, BE-4713
CA Unit

FROM: *Diana G. Baney*
Diana G. Baney
Superintendent's Assistant

In response to your request, be advised that I have no medical expertise and I am in no position to question the medical expertise of staff in the Medical Department. Therefore, I can only recommend that you continue to work through Mrs. Yarger regarding the issues you raise in this request. I am certain that medical staff will take into consideration the results of any medical test you have at this facility or outside the facility.

DGB:tll

cc: Deputies
Mrs. P. Yarger
Mr. W. Cummins
DC-15
File

DC-135A

C.E. (5) Williamson
 Yager
 Baney
 ATT/FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. Baney (Ass't To Superintendent)

2. DATE
14 SEP 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY 884713

4. COUNSELOR'S NAME
Comments

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA - 028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (Thursday 14th Sept. 2000) I WAS TAKEN OUT FOR A F.M.G. WHICH SHOWS THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD ME HIS BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER. THUS HE MUST BE HAVING EXTREME (LOT) OF PAIN. SO C/O BARNER WALKED ME DOWN TO MEDICAL WHERE WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED TO BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING AND MY BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 MONTHS) FOR THE D.O.C. TO TREAT ME, NOW IT MAY BE IRREVERSEABLE HARM. BUT I'M NOT WRITING YOU TO BLAME OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NURSE-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAYBE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S.A.P. - THANK YOU KINDLY —

(He also affirmed my inconvenience due to nerve damage)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

COMMO~~W~~THEAL OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE: 9-1-00

SUBJECT: Inmate Request Slip

TO: Moser

Inmate Name

BE-4713

D.C. #

C

Unit

FROM: Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

 Referred to appropriate staff member M.B. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor L. Cummings
File

DC-135A

c.c.
Super
Chaplin
ATT

* LEGAL *

INMATE'S REQUEST TO STAFF MEMBER

(SEE ATTACHED)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Kenneth D. Kyle

2. DATE

31 AUG 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEB BE4713

4. COUNSELOR'S NAME

Cummins

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CIB-13D

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Greetings

Mr. Kyle, I hear your a fine man, and I have much respect for you. I sent this affidavit through your office, because that is the proper way to see it gets filed into record, so later down the road it can't be said, the Pa. D.O.C. Headquarters didn't know about the affidavit. In the same that's why I wrote you about Dr. Mahadevia, Retaliatory actions and extreme medical neglect, so nobody can say later, "I claim my 11th amend. protection I did not know all parties are fully knowing of the unlawful & unconstitutional actions of the Doctor, it's up to you if you or staff want to step in and help. All assistance is deeply appreciated. Next, within the next 30 days I

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

expect your office will be contact by press members and attorney's. I FULLY CONSENT TO SPEAK WITH THEM, AND RELEASE ANY REQUEST RECORDS. PLEASE FILE SAID DOCUMENTS INTO RECORD. THANK YOU AND MAY GOD BLESS YOU & YOURS. RESPECTFULLY
J. MOSEB

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

C.C. - Super
Chaplin
ATT:

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Kenneth D. Kyler

2. DATE

31 Aug 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

Commings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

* LEGAL AFFIDAVIT - SWORN STATEMENT (28. U.S.C. §746)

You ARE HEREBY LEGAL NOTIFIED IN ACCORDANCE WITH U.S. CONST.
THAT I, Jeffrey Paul Moser (BE4713) AM OF THE FAITH (RELIGION) AS
THAT OF AN "JEHOVAH WITNESS" - Pinell Christian Belief.

THEREFORE, I WILL NOT ACCEPT NO ALTENATIVE FLUIDS ENTERING
my BODY. Such as, (A) Blood Transfussion (B) IV. Fluids (C)
Medication (C) Feeding TUBES (D) Needles (or) Shots with Needles.

THE ONLY EXCEPTION TO THIS AFFIDAVIT, IS IF TO GIVE YOU MY
EXPRESS PERMISSION. OTHERWISE DO NOT VIOLATE my CONSTITUTIONAL
RIGHTS AND FORCE UPON ME FLUIDS ETC... THIS AFFIDAVIT CAN AND WILL
BE USED IN UPCOMING COURT ACTIONS. SUREN TO BE TRUE & CORRECT.
Jeffrey Paul Moser 31 Aug 00

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

— Thank you kindly —

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMM

MONTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE:

9-1-00

SUBJECT:

Inmate Request Slip

TO:

Moses

BE-4713

C

Inmate Name

D.C. #

Unit

FROM:

Kenneth D. Kyler
Superintendent

19, 2000

Mrs. P. Garger

I have received your inmate request slip and have the following response.

Referred to appropriate staff member

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor *W. Cummins*
File
Capt Leary

DC-135A

C.C. (3) ATT
 Super
 Media /rel -

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Ky/SR

2. DATE

15 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Moseley BE4713

4. COUNSELOR'S NAME

Committee

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I WROTE YOU ABOUT THE UNLAWFUL, RETALIATORY ACTIONS OF DR. MANDJEN IN THE OTHER DAY (2) DAYS AGO. I FORGOT TO MENTION,

WHEN I SPOKE TO HIM ABOUT MY RIGHTS TO EXERCISE MY RIGHT TO FILE GRIEVANCE AND Litigate my protest. HE SAID "WELL REMEMBER YOU HAVE A MAX. DATE OF 2004"

I understand this to be a direct threat to me, that if I litigate (or) expose to the media his unlawful action he'll get even with me, with retaliation and instruct other staff members to treat me with deliberate indifference. I will continue to exercise my rights, to stop his unlawful actions and publicly expose them. I pray you will stop any further act's of indifference

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

TOWARDS ME! PLEASE ENTER THIS DOCUMENT INTO
 LEGAL RECORD. THANK YOU. I ASK YOUR ASSISTANCE

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

DC-135A

(3)

CA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

1028

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
MS. YABER (Medical Administrator)	13 Sept. 00
3. BY: INSTITUTIONAL NAME AND NUMBER	4. COUNSELOR'S NAME
MOSEN BE4713	commings
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	CA - 028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MA'AM Respectfully,

You told me "work with the medical staff MOSER"

PLEASE TELL ME what THAT MEANS, ? When your staff has cut me off ALL TREATMENT, what do I work with ms. YABER, I CAME HERE on A MEDICAL TRANSFER, Because I AM DISABLED (LEGALLY) and IN NEED of constant pain management for a spinal injury, which I NEED A FUSION, IT'S ALL IN THE FILE, (I FILED AN A.D.A. BECAUSE THE STATE(S) AND FEDERAL GOV. DECLARED ME DISABLED AND IN "NEED" OF ALL THE TREATMENT ABOVE, I GET NO PAIN MANAGEMENT (which CAUSES ME GREAT SUFFERING and IS DISCRIMINATION IN VIOLATION OF THE A.D.A.)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

NO M.R.C., E.M.G., NURSE-SURGEON APPOINTMENT, /
NO TREATMENT IS OFFERED, TO WORK WITH-
 ONLY INDIFFERENCE TO HARM ME IS OFFERED; IF MY
 LAWYER TODAY SAID "WHAT ARE YOU DOING FOR HIM." /
 AND THE RECORD WOULD SHOW "NOTHING" MA'AM.
 SO PLEASE GIVE ME SOMETHING TO WORK WITH, AND
 IF I GOT TO WAIVE MY OPERATION, TO GET SOME
 PAIN RELIEF, SO I CAN FUNCTION AS A LEGALLY
 DISABLED PRISONER. AT THIS POINT ILL DO IT, BECAUSE
 I'M NOT GOING TO MAKE TO MUCH LONGER WITHOUT
 SOMETHING TO WORK WITH. PLEASE CALL ME AND
 TALK. A.S.A.P. THANK YOU KINDLY.

Mr. Moser
 You had an
 EMG done requested
 and you requested
 dated 8/14/00 indicated
 this. We are turned
 waiting the determine
 results to appropriate
 results to appropriate
 treatment plan for you

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Deborah, R

DATE

9-19-00

DC-135A

C.C(5) *William Seal*
YAGER
BARTON
ATT/FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. YAGER (Medical Adminstr)

2. DATE

14 sept 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEB BE4713

4. COUNSELOR'S NAME

Commiss

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

(A - 028)

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (Thursday 14th Sept. 2000) I WAS TAKEN OUT FOR A E.M.G. which shows THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. Afterwards THE Doctor CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD "His Back IS "Shot" AND HIS LOWER LEG AND FOOT IS "Dying" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER", THUS HE MUST BE HAVING EXTREME (LOT) OF PAIN. So C/O BARTON WALKED ME DOWN TO MEDICAL WHEN WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS what I'm having). Back IS "Shot" My Foot IS Dying From LACK OF TREATMENT, I HAVE BEEN WAITING (14 months) FOR THE DOCT. TO TREAT ME, NOW IT MAYBE IRREVERSABLE HARM. But I'M NOT WRITING YOU TO ARK, JE OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Moseb.
 It is not in the scope of practice for Mrs. Yager or for myself to order myself to do my own needs. This must be done by a PA or MD. As previous we are awaiting formal results of tests done

But to say I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NUR-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU Help I would APPRECIATE IT, PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAYBE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S.A.P - THANK YOU KINDLY —

(HE ALSO AFFIRMED MY INCONVENIENCE DUE TO NERVE DAMAGE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

9-19-00

Re: Herbert P.

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections
State Correctional Institution at Huntingdon

(814)643-2400

1030

DATE:

8-21-00

SUBJECT: Inmate Request Slip

TO:

Moser

Inmate Name

BE-4713

D.C. #

CB
UnitFROM: Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

 Referred to appropriate staff member M.B. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.

Superintendent's Office to be provided a copy of staff's response:

cc: Counselor
File

DATED / WITNESSED / copied

DC-135A

KYLER
Echart
ATTORNEY
FILE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

KENNETH D. KYLER (SUPERINTENDENT)

2. DATE

17 Aug 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 1 OF 3

6. QUARTERS ASSIGNMENT

CB - 130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir, I was told to write you. As you were fair and would listen. I would like to talk to you. I have a major problem and would like to show you the paperwork on FR (C.E. Federal Litigation (Lawsuit) Documents, medical record state 3rd Federal ECI- ECT.) I was sent here under the understanding I could have my proper pain medication here and get my spinal fusion operation, without harassment (or) medical neglect for seeking such, well sir. I have Hep. C. and Liver Disease and And Surgery order and recommendation for "Oxycontin" pain meds. Because the present meds don't work and (causes) to much (like) killing Tylenol per day for me to take. (SEE medical records) This order is from a D.O.C. Sergeant and also Federal Doctors. Well I saw the Doctor today and he ordered me Percocet → (continued) →

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(2)
2 OF 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) Superintendent

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER) Moyer BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

Page 2 of 3

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, But not like the recommend medication would, But the ~~Tylenol~~ Tylenol is a much safer level with the patient. (ACCEPTABLE) Then Tonight at the med window I'm told I'm Back on Darvocet, which Barely works and KILLS ME slowly via Liver Damage. This is more of the same Medical Neglect and MalPractice and Medication Discrimination that I just left. Sir, I HAVE A multi-million Dollar Lawsuit Pending Against the D.O.C. For the Federal Authorities affirmed my Medical Claim (LOOK AT THE FILE, THE TRUTH IS IN THERE) I NEED IT, IMMEDIATELY. I'm writing you with all due respect Sir, I don't want to file, grievances, sue you or your admin. As an add on Defendant, Be Shipped (or) RETALIATED AGAINST (continued → 3 of 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(3 of 3)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
------------------------------------	---------

Superintendent

3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
--	---------------------

MOSER BE4713

5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
--------------------	------------------------

PAGE 3 of 3

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.
--

AS I Just when THREE ALL THAT, AS WELL AS I RECENTLY GOT THE PRESS INVOLVED, AND WILL VERIFY SUCH FOR YOU IF REQUESTED. I DON'T NEED TO GO THRU ALL THAT AGAIN, TO GET PROPER MEDS 3' A SPINAL FUSSION OPERATION. DO I SIR? I UNDERSTAND IF I MUST GO TO COURT MY MEDICAL SPEAKS FOR ITSELF AND I WILL WIN MONETARY DAMAGES. I DON'T WANT MONEY (OR) TO HASSLE YOU. I JUST WANT MY PAIN MANAGED PROPERLY WITH SOME FORM OF PAIN MED. RECOMMENDED. THAT WORK AND TO HAVE MY SPINAL FUSSION DONE AS SOON AS I AM ABLE TOO.

I DON'T WANT TO BE SHIPPED, HARRASSED, (OR) MAKE TO COMPLAIN CONTANTLY, TO THE COURTS 3' YOU. I JUST WANT HELP! AS STATED IN MY RECORDS. I KNOW LITTLE GETS DONE WITHOUT THE COURTS AND PRESS. BUT I JUST WANT TO BE UNHEARD HERE. PLEASE INTERVENE, AND SEE TO IT I GET MY MEDICATION AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)
--

OPERATION, I'M NOT ASKING FOR NOTHING EXTRA, THIS IS WHAT I GOT COMING READ THE RECORD 3' CALL D.O.C. COUNSEL, IF YOU DON'T BELIEVE ME. I PROMISE YOU SIR IF YOU HELP ME, I WILL BE FOREVER GREATFUL AND YOU WON'T HERE ANOTHER PEOP OUT OF ME, BECAUSE YOU'LL BE THE ONE WHO HELP STOP THE NIGHTMARE. I WOULD LIKE TO SPEAK WITH YOU SIR. THANK YOU AND GOD BLESS YOU 3' YOURS.

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804

PART I

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Docket No # Please

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR MEDICAL GRIEVANCE	INSTITUTION S.C.C.H.	DATE 17th Aug. 00
FROM: (Commitment Name & Number) MOSEN R E 4713	INMATE'S SIGNATURE 	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-B- CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I am once again suffering from medical neglect and this causes me great pain and suffering. I come here on account of a spinal fusion, and come from the 5000 unit to get me on oxycontin for sever pain because the present pain medication do not work (Doxycet) and I have hep C and that much Tylenol per day is killing my liver. (SEE ATTACHED) Now I went thru all this with Mr. Edwards at Camp Hill until Mr. Ford and was assured I would get my medication and operation at Hunterdon, well I took Tyroct today and it helped a little and had less Tylenol. But Tonight I am told I'm back to same old things, Doxycet, and 5000 mg per. This is more of same, I want to exhaust DC-804, and go back to THE FEDERAL

B. Actions taken and staff you have contacted before submitting this grievance
 Courts A.S.A.P. If all I'm going to get is further, Opiateless Discomfort. I life tolerate medical neglect. (I spoke to NURSE, Spoke to Doctor, Spoke to Sgt. Et. No Person, Engaged myself, Please RESOLVE THIS ISSUE.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

1030

DC-804

PART 1

Dated/ witnessed/copied

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

* Please Assign No*

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0136-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	SCI - Huntingdon	29 Aug. 00
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
JEFFERY MOSER BE4713	<i>Jeff Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Now, THAT I HAVE EXHAUSTED ALL REMEDIES, BEFORE FILING A GRIEVANCE, TO THE POINT (P. Evertznet (RNS) OF THE MEDICAL DEPT. STATED SHE WILL ADDRESS "NOMORE" REQUEST ON THIS ISSUE) SO, I ONLY HAVE THE GRIEVANCE PROCESS THEN GOES TO PRESS AGENCIES TO TURN TOO. I AM BEING REFUSED A SPINE FUSION OPERATION, NURSE-SURGEON CONSULTATION, EFFECTIVE PAIN MEDICATIONS, (E.E. WITH LESS TYLENOL. BECAUSE I HAVE LIVER DISEASE) AND THE PRESENT MEDS, DON'T WORK, BECAUSE I NEED A SPINE FUSION AND UNTIL I HAVE SPID OPERATION MY CONDITIONS AND PAIN CAN AND WILL ONLY GET WORSE. THE NEED FOR THE OPERATION & STRONGER MEDICATION ARE REFLECTED IN MY MEDICAL RECORD. BUT ARE BEING IGNORED. I AM REFUSED MEDICATION & THE OPERATION UNDER FALSE PRETENSES. I AM NOT REFUSING THE OPERATION, IN FACT I'VE BEEN SEEKING THE OPERATION FOR SOME TIME. NEXT I HAVE NO HISTORY OF DRUG ABUSE WITH MEDICATION, ONLY A NEED FOR PAIN MANAGEMENT & A SPINE FUSION OPERATION. ALSO, AFTER

B. Actions taken and staff you have contacted before submitting this grievance:
 * I FILED THIS AS MEDICAL MAL PRACTICE & REQUESTED
 WROTE SUPERINTENDENT KYLE, (RESPONSE RECEIVED) (4) REQUEST FILED TO MS. YAGER &
 (RESPONSE RECEIVED BY P. EVERZNET ON BEHALF OF MS. YAGER) (8/29/00) (2) SICK VISITS &
 SPOKE TO DR. REENEK... ALL MUE ADDRESSED WITH NO RESOLUTION (OR) ASSISTANCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

R. Barry

Signature of Grievance Coordinator

8-31-00

Date

COMM WEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE:

8-21-00

SUBJECT: Inmate Request Slip

TO:

Jeffrey Moser

Inmate Name

BE-4713

D.C. #

Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.



Referred to appropriate staff member

M.B. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor

CB Unit

File

1030

Self Please
Sleek like water
Handwritten notes on the
Back Taken week written for
my Attorney is now Federal Judge
But This is the only Expert Copy
I HAVE to SEND you. This is my
which clearly states what's
(Medical Law operation)
Not work, what need a L5-S1
operation I have much more
Expertise. Thank you
Report

Benjamin Nakkache M.D. F.A.C.S. F.I.C.S.
Diplomate American Board of Neurological
Surgery..
Microneurosurgery...

SENT TO:
Superintendent
KYLEK 8/17/2000

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, until he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control. However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

- 1.) Mental Status: Patient is awake, alert and oriented X3
- 2.) Neck: Soft, Supple
- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Radiology: I reviewed his M.R.I. of the Lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

I feel at this point, He should be considered for surgery.
* I am aware that the Patient may have had other problems in the past as per the prison doctor, But certainly the M.R.I. findings are quite straightforward. Although a Limited Laminotomy could be done on the left side at L4-L5 that could be difficult because of his previous surgeries and as such a Full Laminectomy will be more effective and safer to remove the recurrent Disc Herniation. However this would certainly cause more back pain unless a Lumbar Fussion is done at the same time at both levels and if so, in his case, Pedicle screw fixation with a Posterolateral bony fusion will be recommended. that of course would require a bone graft from the right hip or left hip...

In the mean time, I feel the Patient should be placed on Oxycontin around the Clock perhaps 20mg (or) 40mg twice aday to see how he responds to that. Should surgery be Authorized I would be glad to do it on a Three or Four week notice..

NOTE: THIS IS ANY EFFECTIVE MEDICATIONS (OR) TREATMENTS ARE REFUSED TO ME TO DATE..

Doctor: Nakkache Report of 20th Day of March, 2000

Hand copied Word for Word By: Jeffery Moser out of his Medical File, In accordance with F.O.I.A. Law...

Waivers given Freely To all Officers of the Court , I.E. Attorneys & Judges & Members of the Press, Whom may need to reference the Originals in the interest of Justice. Jeffery Moser is the Patient Herein this report. Thus his rights are active....

NOTE: THIS REPORT WAS IN RESPONSE TO AN "ACCIDENT I HAD IN JAN. 2000" ONLY THEN DID I RECEIVE THIS CONSULTATION. I SLIPPED ON THE ICEY WALKWAY. AFTER THEY WERE MADE AWARE BEFOREHAND THAT BECAUSE OF NERVE DAMAGE FROM MY SPINE INJURY, DOWN MY LEFT SIDE (LOSS OF FEELING, BALANCE) I CAN NOT BALANCE WELL ON ICE, SNOW (OR) WET SURFACES. TO DATE I STILL AM FORCED TO WALK THE SAME ROUTE. THIS DOCTOR CONFIRMS THE DANGER, AS WELL AS

STATE: THE FEDERAL AUTHORITIES "Ordered" Said Treatment And Medication over (15) Months Ago.
(Without Delay)

DATED / WITHHELD / COPIED

DC-135A

KYLER
ERHART
ATTORNEY
FILE

INMATE'S REQUEST TO STAFF MEMBER

LEGAL AFFIDAVIT (28 U.S.C. 1746) *per*COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

KENNETH D. KYLER (Superintendent)

2. DATE

17 Aug, 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 1 OF 3

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir, I was told to write, you. As you were fair and would listen. I would like to talk to you. I have a major problem and would like to show you the paperwork on ER (I.E. Federal Litigation (Lawsuit) documents, medical record state 3rd Federal ER- ECT-) I was sent here under the understanding I could have my proper pain medication here and get my spinal fusion operation, without harassment and medical neglect for seeking such, well sir. I have Hep. C. and liver disease and had surgery order and recommendation for "Oxycontin" pain meds. Because the present meds don't work and causes so much less killing Tylenol per day for me to take. (SEE medical records) This order is from a D.O.C. Sergeant and also Federal Doctors, - well I saw the Doctor today and he ordered me Percocet → (continued) →

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr Moser,

This was sent to me for review + answer. Chart review indicates you arrived here from SCI Frackville on 8/16/00. There is no order or indication that you received pain medication, other than Darvocet, except for a 6 day period of Tylenol #3, while @ Frackville. It is noted you saw the specialist and he recommended surgery, which you refused to have done. Additionally it is noted that after conversing with the specialist - he had recommended Oxycontin based on your request for pain management using morphine. When you arrived here you were ordered Percocet @ your request. After that visit the physician

TO DC-14 CAR ONLY reviewed the record and determined TO DC-14 CAR AND DC-15 IRS

Continued use of Percocet was not in your best overall

(See pg 12)

STAFF MEMBER

Reverentius

DATE

8/24/00

DC-135A

(2)
2 of 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)
SUPERINTENDENT

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)
MOSER BE 4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT
PAGE 2 of 36. QUARTERS ASSIGNMENT
C3 - 130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, But not like the recommend medication would, But the ~~Tylenol~~ Tylenol is a much safer level with the Percocet. (ACCEPTABLE) Then Tonight at the meda window I'm told I'm back on Darvocet, which barely works and kills me slowly via Liver Damage, This is more of the same medical neglect and malpractice and medication discrimination that I just left. Sir, I have a multi-million dollar lawsuit pending against the D.O.C. for the same action above, which the Federal authorities affirmed my medical claims. And need for all the treatment. (LOOK AT THE FILE, THE TRUTH IS IN THERE) I don't want this treatment, I NEED IT, IMMEDIATELY. I'm writing you with all due respect sir. I don't want to file grievances, sue you or your admin. As an add on defendant, Be shipped (or) retaliated against (continued → 3 of 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(Pg 2)

Medical management and it was stopped & Darvocet was ordered. You will be medically managed here by the healthcare providers, based on their findings regarding what is medically necessary for you. You will not be medically managed based on what you request, demand or threaten to do. If a change in the treatment plan is needed, healthcare professionals will determine such and I am advising you to work with them in implementing and continuing the plan of care medically necessary for you.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

Reverentius

8-24-00

DC-135A

(3 of 3)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Superintendent</i>	2. DATE
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSEK BE4713</i>	4. COUNSELOR'S NAME
5. WORK ASSIGNMENT <i>PAGE 3 of 3</i>	6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I Just when THREE ALL THAT, AS WELL AS I RECENTLY GOT THE PRESS INVOLVED, AND WILL VERIFY SUCH FOR YOU IF REQUESTED. I DON'T NEED TO GO THREW ALL THAT AGAIN, TO GET PROPER MEDS 3' A SPINAL FUSION OPERATION. DO I SIR? I UNDERSTAND IF I MUST GO TO COURT MY MEDICAL SPEAKS FOR ITSELF AND I WILL WIN MONTARY DAMAGES. I DON'T WANT MONEY (OR) TO HASSLE YOU. I JUST WANT MY PAIN MANAGED PROPERLY WITH SOME FORM OF PAIN MED. RECOMMENDED, THAT WORK AND TO HAVE MY SPINAL FUSION DONE AS SOON AS I AM ABLE TOO.

I DON'T WANT TO BE SHIPPED, HARRASSED, (OR) MADE TO COMPLAIN CONSANTLY, TO THE COURTS, 3' YOU. I JUST WANT HELP! AS STATED IN MY RECORDS. I KNOW LITTLE GETS DONE WITHOUT THE COURTS AND PRESS. BUT I JUST WANT TO BE UNHEARD HERE. PLEASE INTERVENE, AND SEE TO IT I GET MY MEDICATION AND

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See
Pg 1-2

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

See

DATE

8/29/00

Sent Please
 Overlook File written
 Handwritten Notes on THE
 Back Take will written for
 my Attorney's and Federal Judge
 But This ES THE only EXTRA Copy
 I HAVE to SEND you. This is my
 Report from THE D.O.C. Specialist
 Which clearly states what's
 Nor work, what NEED ALSO
 (Medication 3 operation)
 Ect. I have much more
 Viewin. Thank you
 New Bridge Center
 480 Pierce St.
 Suite 219
 Kingston Pa. 18704
 570-714-8900
 570-714-0960 (Fax)

Benjamin Nakkache M.D. F.A.C.S. F.I.C.S.
 Diplomate American Board of Neurological
 Surgery..
 Microneurosurgery...

SENT TO:
 SUPERINTENDENT
 Kylek 8/17/2000

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, until he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

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- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Radiology: I reviewed his M.R.I. of the lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

DC-804

PART

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

Copied/Dated/Witnessed
 Submiss[on] —
 OFFICIAL INMATE GRIEVANCE

PLEASE ASSIGN DOCKET NO. #
 — P.L.R.A —

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	SCI - HUNTINGTON	30 Aug. 06
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER, Jeff BE4713	<i>J. M.</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

This IS A "Retaliations Claim" FILED AGAINST "DR. FARROKH MOHADJEREN"
 SO IN Proper Form IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE Doctor, RATHER
 WITH THE Protocol in mind IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE
 Doctor. ON 29 AUG. 06 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF
 Medications, TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS CALL DOWN
 BY THE Doctor, AND TOLD AS I understand IT, THAT ALL MY MEDICATION FOR PAIN
 WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS TAKING
 IT, THAT HE BELIEVED THIS, THAT THE (4) M.R.I. Doctor for MEDICAL PROOF TESTING
 AND ALL NURO-SURGEON Doctor (Past) (? TOTAL) D.O.C. Doctor and Specialist and
 FEDERAL MEDICAL SPECIALIST WERE WRONG AND HE IS RIGHT, I'M TAKING. WE KNOW
 M.R.F. DON'T LIE (OR) DO NURO-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A
 PROVEN FACT. HIS ACTION ARE RETALIATORY, ANOTHER INTENTIONAL INDIFFERENT TO CAUSE

B. Actions taken and staff you have contacted before submitting this grievance: ME GREAT PAIN AND SUFFERING, ATTEMPTED TO
 DO INTENTIONAL IRREPARABLE HARM TO ME. TO STOP MY LitIGATION DUE TO PAIN
 AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND Doctor Past,
 ARE NOT WRONG, AND ONLY THE Doctor (mohadjerien) IS Right, NO JUDGE WILL BUY THAT.

* (WROTE upwards MEDICAL NEEDS) (mainly, Refused to med. Admin.) (SPOKE TO (PA))
 Dr. Rieven, AND DR. Mohadjerien, (NO RESOLUTION) PLEASE DOCKET THIS INDIFFERENCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-135A

(DATE COPIED/WITNESSED - CORR.)

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**

INMATE'S REQUEST TO STAFF MEMBER**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
<i>Unit Manager - MR. Elliot ~ CB-Block.</i>	<i>23 Aug. 00</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
<i>Moser, Jeffrey BE4713</i>	<i>Mr. Commiss.</i>
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	<i>CB-130</i>
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Upon speaking with THE MEDICAL Dept. HERE, I WAS TOLD TO CONTACT YOU SIR, OTHERWISE I WOULD NOT BOTHER YOU. AS YOU ARE VERY BUSY I AM SURE. I HAVE A SPINE INJURY AND I AM AWAITING A SPINE OPERATION, DUE TO THIS PROBLEM, IT REQUIRES ME TO SLEEP WITH A "EXTRA PILLOW" TO PLACE BETWEEN MY LEGS, THIS HELPS TO KEEP DOWN THE PAIN AND STRAIGHTEN THE CURVATURE OF MY BACK WHILE I SLEEP. IT IS "NEEDED" MEDICALLY. I HAVE ALL THE DOCUMENTATION FROM SCI-FRANKVILLE /SCI-GATESWOOD/FEDERAL PRISON WHICH STATES THE "NEED" FOR AN "EXTRA PILLOW". WHY AT SCI-HUNTINGTON I AM TO ADDRESS THIS MEDICAL NEED, WITH A NON-MEDICAL-PROFESSIONAL I DON'T UNDERSTAND, BUT I WAS ASSURED BY MEDICAL, (Dept.) THAT YOU COULD HANDLE THIS FOR ME, WITHOUT DELAY. SO PLEASE ARRANGE "THE EXTRA PILLOW" FOR ME (OR) DENY SO IN WRITING. THANK YOU FOR YOUR TIME SIR.

- I KNEW IT -

MR MOSER,

I HAVE DISCUSSED YOUR REQUEST WITH MEDICAL STAFF AT THIS INSTITUTION AND THEY HAVE INFORMED ME THAT THERE IS NO MEDICAL NEED FOR THIS PILLOW.
YOUR REQUEST IS DENIED.

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

8/30/00

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN DOCKET NO. *N/*
- P.L.R.A -

Copy to Dated/Witnessed
Submission
OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	<i>30 Aug. 00</i>
MUSER, JEFF BE4713	<i>J. M.</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	<i>CB-130</i>

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

This is a "Retaliations Claim" FILED AGAINST "DR. FARROUK MABADJEREN" SO IN PROPER FORM IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE DOCTOR, RATHER WITH THE PROTOCOL IN MIND IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE DOCTOR. ON 29 AUG. 00 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF MEDICATIONS? TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS TALKED DOWN BY THE DOCTOR, AND TOLD AS I UNDERSTOOD IT, THAT ALL MY MEDICATION FOR PAIN WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS FAKING IT. THAT HE BELIEVED THIS, THAT THE (4) M.R.I. ELECTRO MEDICAL PAIN TESTING AND ALL NURO-SURGEON DOCTORS (POST) (9 TOTAL) D.O.C. DOCTORS AND SPECIALIST AND FEDERAL MEDICAL SPECIALIST WERE WRONG AND HE IS RIGHT, I'M FAKING. WE KNOW M.R.I. DON'T LIE (OR) DO NURO-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A PROVEN FACT. HIS ACTION ARE RETALIATORY, AND TREATMENT INDIFFERENT TO CAUSE

B. Actions taken and staff you have contacted before submitting this grievance: *ME GREAT PAIN AND SUFFERING, AIMED TO DO INTENTIONAL IRREPARABLE HARM TO ME. TO STOP MY LITIGATION DUE TO PAIN AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND DOCTOR POST, ARE NOT WRONG, AND ONLY THE DOCTOR (MABADJEREN) IS RIGHT, NO DOCTOR WILL BUY THAT.*

** (wrote what his medical needs) (many request to med. Admin.) (spoke to (PA)) DR. RITTER, AND DR. MABADJEREN, (NO RESOLUTION) PLEASE DOCKET THIS INDIFFERENCE.*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon

(814)643-2400

August 21, 2000

1030

SUBJECT: Consolidated Inmate Grievance
Review System

TO: [REDACTED]
Moser BE-4713
CB Unit

FROM: [REDACTED]
Kenneth R. Hollibaugh
Assistant Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- Grievances must be signed. (Section VI., A, 3)
- Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-F Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedure Appeal from Initial Review, see DC-ADM 802, V

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

- Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that DC-ADM 804 requires a genuine effort be made to resolve problems before the grievance system is utilized. If you are experiencing difficulties with the diagnosis of the Medical Department you should contact Mrs. P. Yarger, Corrections Health Care Administrator, via written correspondence. If this fails to resolve your issue you may resubmit your grievance for further consideration.

KRH:tll

cc: Mrs. P. Yarger
DC-15
File

DC-135A

c.c. (5) PER
Counsel
P/A
Vol.

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
MS. YAGER (MEDICAL ADMINISTRATOR)	25 Aug. 00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MOSER BEY713	Cummins
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	B-130
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Greetings, I just received your response to my request to Mr. Tyler (super). First let me start by saying I did not threaten you in any manner with litigation, I stated a fact, which if you contact Mr. Edward Gill, you'll see I've already served him. I find the only effective way to receive treatment in the D.O.C. is through court actions and getting the press involved to expose's wrongfull & unhealthful actions going on here! I hope you prove me wrong here Ms. Yager and you have a willingness to do the right thing and help me medically, as a timely manner. In March 2000 the U.S.C.A. (3rd Cir.) granted the Pa. D.O.C. TIME and exhaustion to correct there actions of medical neglect in my case. The D.O.C. hasn't complied to date, so I shall present this. But I would like to talk to you Personal Mrs. Yager, because all I want is treatment for back (spinal fusion) pain management & that is less stressful on my liver as I have "Hep. C" and Liver Disease*, A pillow for in between my legs when sleeping. (continued → Backside)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Moser,

It is well documented that you indeed refused surgery. You were seen on sick call recently and referred to your Unit Manager to discuss the extra blanket. There is no medical need determined to order one at this time. Past or present court actions do not determine medical treatment. Qualified medical personnel will amend your treatment plan as it is determined medically necessary to do so. Unless your medical condition changes demands or repeat requests of this same nature will not continue to be addressed. There is no need for a personal interview @ this time.

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

P. Everhart RN

DATE

8-29-00

DC-804

PART 1.

E.C.

SEE attach.

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

Docket No # PLEASE

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR MEDICAL Grievance	INSTITUTION S. C. C. H.	DATE 17th Aug. 00
FROM: (Commitment Name & Number) MOSER BE4713	INMATE'S SIGNATURE 	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT 0-0-CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM ONCE AGAIN SUFFERING FROM MEDICAL NEGLECT AND THIS CAUSES ME GREAT PAIN AND SUFFERING. I CAME HERE IN NEED OF A SPINAL FUSION, AND ORDER FROM THE SURGEON TO PUT ME ON OXYCONTIN FOR SEVERE PAIN BECAUSE THE PRESENT PAIN MEDICATION DO NOT WORK (DARVOCET) AND I HAVE HEP. C. AND THAT MUCH TYLENOL PER DAY IS KILLING MY LIVER. (SEE ATTACHED) NOW I WENT THRU ALL THIS WITH MR. ERHART AT CAMP HILL AND MR. FORD AND WAS ASSURED I would GET MY MEDICATION AND OPERATION AT HUNTINGTON, WELL I TOOK PEROCET TODAY AND IT HELPED A LITTLE AND HAD LESS TYLENOL. BUT TONIGHT I AM TOLD I'M BACK TO SAME OLD TYLENOL, DARVOCET, AND 5000 MG PER DAY. THIS IS MORE OF SAME, I WANT TO EXHAUST DC-804, AND GO BACK TO THE FEDERAL

B. Actions taken and staff you have contacted before submitting this grievance: COURTS A.S.A.P. IF ALL I'M GOING TO GET IS FURTHER MEDICATION DISCRIMINATION, 3 LIFE THREATEN MEDICAL NEGLECT. (I SPOKE TO NURSE, SPOKE TO DOCTOR, SPOKE TO SGT. ECT. NO RESULTS, ERGENT MATTER, PLEASE RESOLVE 3 ASSIST. -)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

1 : CV00-1846

NOT - Part - of - Complaint - To - BE
SERVED. (For Court Record only)

— EXHAUSTION —

— DOCUMENTS —

Only ENCLDED TO PROVE TO THE
HONORABLE COURT ALL REMEDIES
HAVE IN FACT BEEN .

EXHAUSTED

A.D.A. DISCRIMINATE CLAIM

DC-804 NEW MATTER.

PART 1

COPY/DATED/wit: Submission.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN NO#
IMMEDIATELY PLEASE,

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	<i>J. M. M.</i>
MASER BEY713		13 Sept. 00
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	<i>CA - 028</i>
- NONE -		

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I am LEGAL Determined DISABLED, By (U.S. Gov. (S.S.I.) (BUREAU OF DISABILITY
COMMISSION OF PENNSY) (Disability Commission of terms) On 7/12/00 I FILED AN A.D.A. claim
With THE PA. DO.C.O.) which is why I was transferred to SCI-HARRINGTON, But THE condition
of THE A.D.A. claim were NOT met, (Please review) (file). SCI-HARR. DOES NOT COMPLY
WITH THE A.D.A. ACT, Rather it "Discriminates Grossly Against THE DISABLED IN
VIOLATION of D.O.C. Directive (and) (Pennsylvania V. YESKEY, 118 U.S. SUPREME Ct 1952
(1992)) plain text of TITLE II of THE American with Disabilities Act, Unambiguously extended
STATE PRISON INMATE! So When DR. Mahaderia Told me, "I Don't CARE about your A.D.A.
and Disabilities" and stopped all medications, Treatment, (in malice Retaliation) and
THE Doctors after him Filled Out; To Date: I suffer Great pain, no sleep, Furthermore
NO A.D.A. Housing ect... YOU ARE Guilty of INTENTIONAL DISCRIMINATION AGAINST A
DISABLED PERSON IN VIOLATION of THE US. SUPREME Ct. CONSTITUTION. PLEASE CORRECT YOUR

B. Actions taken and staff you have contacted before submitting this grievance: ACTION IMMEDIATELY. THANK YOU.

THE COURT SAY, Because of THE IMPORTANCE of THE A.D.A. and THE NEEDS of
EQUALITAIR ATTENTION (medical, Housing) I may FILE A.D.A. Discrimination and Civil Rights
Claims Direct to THE Courts. But I WILL work with you First By Filing This. I ask you is
Your medical staff & Prison A.D.A. Compliant. (SPEAK TO DR(S) mabaderia, Petell, Shumaker, Dierer (MD)
Your grievance has been received and will be processed in accordance with DC-ADM 804. wrote yester, Kylee About A.D.A. medical issues,
(NEED FOR TREATMENT)

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

State Correctional Institution at Huntingdon

(814)643-2400

DATE: 9-1-00

SUBJECT: Inmate Request Slip

TO:

Moser

Inmate Name

BE-4713C

D.C. #

Unit

FROM: Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

 Referred to appropriate staff memberMrs. P. Garger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:cc: Counselor W. Cummins

File

Capt. Leary

GET EVEN WITH ME, with RESTAURATION AND DESTROY OTHER STAFF MEMBERS TO TREAT ME WITH DELIBERATE INDIFFERENCE. I WILL CONTINUE TO EXERCISE MY RIGHTS, TO STOP HIS UNLAWFUL ACTIONS AND PUBLICLY EXPOSE THEM. I PRAY YOU WILL STOP ANY FURTHER ACT'S OF INDIFFERENCE

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

TOWARDS ME! PLEASE ENTER THIS DOCUMENT INTO LEGAL RECORD. THANK YOU. I ASK YOUR ASSISTANCE.

Nic Moser.Your concerns are noted TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

1028
JULY 10 2000
COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

State Correctional Institution at Huntingdon

(814)643-2400

September 18, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Jeff Moser, BE-4713
CB Unit

FROM:
Diana G. Baney
Diana G. Baney
Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- Grievances must be signed. (Section VI., A, 3)
- Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

- Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

You are well aware that DC-ADM 804 requires that you make an effort to resolve matters such as this through appropriate staff prior to filing a grievance. Although you indicate that you requested emergency medical treatment, you failed to indicate what the emergency was over the past weekend. Any complaints or concerns you have regarding your medical treatment should be addressed through Mrs. P. Yarger, Health Care Administrator, via request slip. If this matter cannot be resolved at the recommended level, you may resubmit your grievance for further consideration. Based on the information you provide, this appears to be an ongoing medical complaint and I find nothing in this particular grievance to indicate a medical emergency. Furthermore, the directive clearly establishes that the grievance system is not intended for emergency situations. Because you fail to comply with the guidelines established by DC-ADM 804, your grievance is being returned unprocessed.

DGB:tll

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-804

PART 1 NEW INCIDENTFED ON ADVISE OF COUNSEL

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE DON'T HINDER MY
ACCESS TO A GRIEVANCE
NOT THANK YOU!

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. _____

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	12 Sept 00
MOSER BE4713	<i>Jeff Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
(1:30 PM) (Sgt. HIKIE on)	CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY NORCO/PAIN MEDS (8) PILLS NDAY TO (6) NDAY (END TILL 10-2-00) AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT US TO GIVE IT TO YOU" (I SAID YOUR MISTAKEN). HE SAID FOR THAT CASE YOU'LL SEE THE DOCTOR MONDAY - (VERY HURRY LIKE), SO MONDAY I SAW THE DOCTOR AND HE SAID ~~DO YOU HAVE A FURTHER REVIEW OF SHUMAKER NOTES~~. I'M GETTING YOU OFF ALL MEDICATION AND TREATMENT, I FEEL DOCTOR MAHADENEN NOTES ARE CORRECT - WHICH ARE? ALL MY M.R.E ARE WRONG AND ALL MY NEURO-SURGEON ARE WRONG ALSO! (YOU NEED KEO TREATMENT) NOR WITHSTANDING AFTER MAHADENEN WAS FIRED, DR. SHUMAKER CALL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.E. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance: SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION, BUT I'M REFUSED ANY EMERGENCY SERVICE'S, I'VE MADE THE NEWSPAPERS, ATTORNEY AND FAMILY AWARE OF YOUR ACTIONS AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 100 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'D RELEASE A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASSIST. —

(wrote; MR. WILLIAMSON, KYLER, SPOKE TO DOCTOR SHUMAKER & BRITELL, NO HELP.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

P. O. BOX 598

CAMP HILL, PENNSYLVANIA 17001-0598

OFFICE OF THE
SECRETARY OF CORRECTIONS

August 30, 2000

Jeffery Paul Moser, BE4713
SCI Huntingdon

Mr. Moser:

Your letter to Deputy Secretary Erhard has been received and referred to my desk for response. I have contacted the institution to inquire about your medical care. I find and documentation verifies that your case has been and continues to be meticulously reviewed. Qualified medical personnel will amend your treatment plan if or when necessary.

Once again, it is well documented that you were seen by a neurosurgeon regarding your back pain. The outcome of this consultation was a recommendation for surgery, which you have refused. Your "pain management" plan has been and continues to be monitored by appropriate health care professional within the facility.

Mr. Moser, appropriate care is the norm and I would suggest you work with the Health Care Staff at SCI Huntingdon.

A copy of your letter and subsequent documentation will be forwarded to Superintendent Kyler and the Bureau of Health Care Services for review.

Sincerely,

E.J. Brannigan
Eugene J. Brannigan
Assistant to the Deputy Secretary
Eastern Region

Ejb

cc: Deputy Secretary Erhard
Superintendent Kyler w/attachments
Director Catherine McVey (Health Care Services) w/attachments
File

DC-135A

C.C. (4) YAGER
HORN
ATTORNEY
FILE.

C-B

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

INMATE'S REQUEST TO STAFF MEMBER

Sworn complaint -

1. TO: (NAME AND TITLE OF OFFICER)

MS. Yager (Medical Administrator)

2. DATE

7 SEPT. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSELEY BE4713

J. W.

4. COUNSELOR'S NAME

Cummins

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today I went to see a mental health Doctor, on the advise of Doctor Shumaker. I was refused any kind of mental health treatment, as I understand him to convey to me, "THE KIND OF TREATMENT YOU WANT OR WE DON'T GIVE HERE, THE MEDICATIONS YOU NEED IS STRONG, SO WE CAN OFFER YOU NO ALTERNATIVE." THEN I ASK CAN YOU REFUSE ME MENTAL HEALTH SERVICES? I understand him to say "YES, I CAN LEGALLY REFUSE YOU SERVICE'S 3 MEDICATION". Now this is not word for word like above, But IT IS what I understood him to be telling me. So we got yet another incident where I am refused any kind of Medical Treatment, your doing THE SAME THING when you refuse me, my needed spine fusion operation, is "I SAVE COMPANY MONEY" THIS IS MEDICAL NEGLECT AND UNLAWFUL, I Hold THE MEDICAL DEPT. & WEXFORD LEGALLY

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

LIABLE, FOR ANY HARM THAT COMES TO ME, DUE TO THIS MEDICAL NEGLECT. PLEASE GET BACK TO ME TIMELY AS DIRECTIVE STATES, I BE SERVE COUNSEL WITH A COPY OF THIS, THANK YOU FOR YOUR TIME, I AWAIT.

Mr Macer

You are being seen and treated by professional medical staff. Your treatment plan will continue as directed by the professionals - psychiatrist, doctors, physician assistants, etc. — You need to work with these individuals.

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

P. Yager

DATE

DC-135A

C.C. (17)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) DEPT. WELLS	2. DATE 11 sept. 00
3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSER BE4713	4. COUNSELOR'S NAME Comm'n
5. WORK ASSIGNMENT	6. QUARTER ASSIGNMENT CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR, I HAVE AN URGENT SITUATION, THAT NEEDS TO BE ADDRESSED IMMEDIATELY,
 PLEASE, RESPECTFULLY, TOMORROW I AM BEING CUT OFF MY PAIN MEDS (COLD TURKEY)
 I'VE BEEN ON THEM FOR (4) YEARS BECAUSE I NEED THEM, THIS IS DOCUMENTED
 IN MY FILE BY SEVERAL M.R.I(S) AND NURO-SURGEON REPORTS, WHICH THE
 DOCTOR CLAIMS ARE WRONG, (Your Doctor) (9) NURO-SURGEONS PRESENT
 ARE NOT WRONG, AND M.R.I. DON'T LIE) I NEED A SPINE FUSION AND
 TO BE MEDICATED TILL THAT TIME. (LOOK AT THE REPORTS) Now, THIS IS THE
 SECOND TIME I'VE BEEN CUT OFF MEDICATIONS, AFTER I ASK FOR MY SPINE
 OPERATION, SO INSTITUTIONAL RETALIATION SHOULDNT BE HARD TO PROVE AS
 WELL AS MALPRACTICE, SINCE WE HAVE ALL THE SPECIALIST DOCTORS
 REPORTS & M.R.I. TO PROVE THE NEED FOR PAIN MANAGEMENT AND
 A SPINE FUSION OPERATION. Now I WAS SENT HERE → OVER

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

CONTINUED ON BACKSIDE

Mr. Moser-

I will send these request slips to Mrs. Yarger,
 Health Care Adm. for her review and response

cc: Mrs. Yarger

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

0.17.00

DC-135A

C i C. (5) Williamson
 Yabu
 Denney
 ATI FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Deo. Superintendent Williamson

2. DATE

14/Sept/00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

INOSER BE4713

4. COUNSELOR'S NAME

Comma

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (Thursday 14th Sept. 2000) I WAS TAKEN OUT FOR A E.M.G. which shows THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD HIS BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HATE IS FALLING OUT AND LEFT FOOT IS SMALLER!! Thus HE MUST BE HAVING EXTREME (LOT) OF PAIN. So CJC Warmer Walked me Down To MEDICAL when we Got Back and Told THE MEDICAL STAFF what he said and THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME pain IS what I'm Having and my BACK IS "SHOT" My Foot IS Dying From lack of TREATMENT, I HAVE BEEN WAITING (14 months) FOR THE D.O.C. TO TREAT ME, Now IT MAYBE IRREVERSIBLE HARM. But I'M NOT WRITING YOU TO ACCUSE OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NURSE-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU Help I would APPRECIATE IT, PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAYBE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S.A.P. - THANK YOU KINDLY —

(HE ALSO AFFIRMED BY INCONTINENCE DUE TO NERVE DAMAGE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

RESPONSE RECEIVED
9-21-00 Ms. YAGER

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0136-00

TO: GRIEVANCE COORDINATOR - APPEAL TO Superintendent -	INSTITUTION SCF - Huntingdon	DATE 9-21-00
FROM: (Commitment Name & Number) MOSER BE4713	INMATE'S SIGNATURE J. M. Moser	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT CA - 1028	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

PLEASE REVIEW ALL THE "TESTING" AND "MEDICAL FACTS" PROVEN MEDICAL FACTS ARE I HAVE (4) M.R.I. SCAN REPORTS (1) NURO-SURGEON Report (with Specialist orders FOR FUSION operation AND PAIN MANAGEMENT "oxycontin" UNTIL said FUSION IS DONE) (which By U.S. sup. ct. Standard IS mandatory TREATMENT NEEDED WHEN ORDERED By A specialist) AND AN E.M.G. Report. NOW I SAY, I'VE BEEN TO (7 or 8) OTHER REKNOWNED NURO-SURGEON whom ALL SAID THE SAME TELLING AS ALL THE SCIENTIFIC PROOF IN TESTING SAID, AND SUCH IS ALREADY IN RECORD IN FEDERAL Court CU-99-0326 THESE TEST DON'T LIE, NOR ARE ALL my Doctor BEFORE I GOT TO Huntingdon, Drug Pushers. I WAS MEDICATED AND INSTRUCTED FOR SURGERY BECAUSE IT WAS A PROVEN NEED. AS THIS PROCEEDS TO COURT ACTION, I ONLY HOPE TO SEE THE MEDICAL Dept. STAFF AT HUNN. ATTEMPT TO PROVE THAT

B. Actions taken and staff you have contacted before submitting this grievance: ALL my Doctor fast AND MEDICAL TESTING WITNESSES ARE LIARS, DRUG PUSHERS AND EXPLAIN HOW YOU BILLY A M.R.I. SCAN MACHINE. Ms. YAGER WHOLE RESPONSE IS WITHOUT MERIT, SHE DOESN'T ADDRESS THE SCIENTIFIC PROOF, I DON'T LIVE IN ARIZONA, AND I GOT Bottom BUNK AND TINA BECAUSE OF SUCCURES. THE ONLY PERSON(S)-LIVING ARE HUNTINGTON MEDICAL STAFF TO SAVE MONEY AND INTENTIONAL HARM ME. READ THE PROOF PLEASE ASSIST. --

DC-804
PART II

1028
**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001**

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

GRIEVANCE NO.

0136-00

To: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
Jeffery Moser, BE-4713	SCI-Huntingdon	CB	8/29/00

The following is a summary of my findings regarding your grievance:

In your grievance dated 8/29/00 you complain that you have been refused a spinal fusion, neurosurgeon consult, and effective pain medication. You also note that you are not refusing surgery and have no drug abuse history. It has been investigated based on your medical record and it is found that you have on multiple occasions, since 8/18/00, threatened legal action if narcotic medications are not ordered for you. You have requested HS Snack but have repeatedly refused diets as they have been prescribed for you. On 8/30/00 you were granted an extensive examination by Dr. Mohadjerin in which he found that you had been on chronic narcotic pain medication post to laminectomies. Your weight at that visit was 335 lbs. and you were considered obese. Dr. Mohadjerin assessed your back, your gate stance, and he also assessed two pair of shoes for heel wear to determine if there was a pattern consistent with your complaints. No pattern consistent with a limp that was noted when you were in Medical was found on either pair of shoes. It is noted that you told him at that time those shoes were new. Confirmation through SCI-Frackville and the Shoe Shop at SCI-Huntingdon determined that those shoes were issued to you in March 2000. Your complaints of pain and Dr. Mohadjerin's physical findings during that examination are inconsistent. There was no indication for management of pain on a chronic basis with a narcotic. Dr. Mohadjerin did feel that you could be managed pain wise on an as needed basis with a non-narcotic medication. You refused the diet ordered for weight loss and it was discussed with you how weight loss and exercise may help with pain control. An EMG and nerve connection study was ordered at that visit and has been done since. Dr. Shumaker saw you also on 9/1/00. During that visit you told him you were not interested in surgery while you were in prison and you would wait until you got out in approximately 9 months to have your surgery done in Arizona. On 9/9/00 you saw Dr. Shumaker. You asked for narcotics, stated you wanted your back surgery done, and stated, "If you aren't going to give me pain pills I might as well have my surgery here." On 9/11/00 Dr. Bardell saw you and during that visit he documents you were belligerent, accusatory, aggressive, and demanding. As a new physician Dr. Bardell was not familiar with your case and when he attempted to question you regarding your case you became demanding, threw papers on the desk, and left the department before he could finish his examination. RN Williams saw you 9/12/00 and during that visit you made the comment that if you can't get your pain medication then you are going to fall out. You threatened to manipulate your blood sugar in order to get what you wanted as far as pain medication was concerned. PAC Cain saw you 9/15/00. An examination again was inconsistent with the complaints that you offered during that visit. It is also noted that since you have been here at SCI-H you have requested to work in the Building Trades program and to also use the Library. The Building Trades program is an education program for construction. It is also noted that you requested bottom bunk/bottom tier status when Dr. Shumaker saw you on 9/1/00. Based on your problems with your back. Please be advised that the practitioners here at SCI-H will manage your care appropriately based on their objective findings to your subjective complaints. Your care is not driven by your demands, wants, or threats. It is also noted that surgery was offered to you while you were at a previous SCI and you refused to have the surgery done. It is also noted that previous attempts to assist you with providing a diet for weight loss, exercises, etc. have been rejected by you. I am encouraging you to work with the healthcare team in order to manage your healthcare problems. In doing so, you are encouraged to actively participate by listening as apposed to attempting to bully healthcare staff into providing care that you want. Be advised, if medication, surgery, or any further tests are determined to be medically necessary for you under this contract or any other they will be provided to you. The determination for medically necessary is made by the healthcare providers responsible for developing your treatment program. Again, I am encouraging you to work with healthcare staff in order to facilitate you gaining gainful employment within the institution and working through your programming to make the best use of your time here at SCI-H. Your grievance is found to be without merit due to the fact that you have not been refused medication and you have not been refused a back operation under false pretenses.

:mw

cc: D. Baney
Deputy Williamson
Deputy Patrick
Nurse Supervisor
Carol Pollock
DC-15
File

<i>Pat Fargier</i>	SIGNATURE OF GRIEVANCE COORDINATOR	DATE
		9/15/00

DC-804
PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

1028

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

GRIEVANCE NO.

0136-00

To: (Name & DC NO.) Jeffery Moser, BE-4713	INSTITUTION SCI-Huntingdon	QUARTERS CB	GRIEVANCE DATE 8/29/00
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The following is a summary of my findings regarding your grievance:

In your grievance dated 8/29/00 you complain that you have been refused a spinal fusion, neurosurgeon consult, and effective pain medication. You also note that you are not refusing surgery and have no drug abuse history. It has been investigated based on your medical record and it is found that you have on multiple occasions, since 8/18/00, threatened legal action if narcotic medications are not ordered for you. You have requested HS Snack but have repeatedly refused diets as they have been prescribed for you. On 8/30/00 you were granted an extensive examination by Dr. Mohadjerin in which he found that you had been on chronic narcotic pain medication post to laminectomies. Your weight at that visit was 335 lbs. and you were considered obese. Dr. Mohadjerin assessed your back, your gate stance, and he also assessed two pair of shoes for heel wear to determine if there was a pattern consistent with your complaints. No pattern consistent with a limp that was noted when you were in Medical was found on either pair of shoes. It is noted that you told him at that time those shoes were new. Confirmation through SCI-Frackville and the Shoe Shop at SCI-Huntingdon determined that those shoes were issued to you in March 2000. Your complaints of pain and Dr. Mohadjerin's physical findings during that examination are inconsistent. There was no indication for management of pain on a chronic basis with a narcotic. Dr. Mohadjerin did feel that you could be managed pain wise on an as needed basis with a non-narcotic medication. You refused the diet ordered for weight loss and it was discussed with you how weight loss and exercise may help with pain control. An EMG and nerve connection study was ordered at that visit and has been done since. Dr. Shumaker saw you also on 9/1/00. During that visit you told him you were not interested in surgery while you were in prison and you would wait until you got out in approximately 9 months to have your surgery done in Arizona. On 9/9/00 you saw Dr. Shumaker. You asked for narcotics, stated you wanted your back surgery done, and stated, "If you aren't going to give me pain pills I might as well have my surgery here." On 9/11/00 Dr. Bardell saw you and during that visit he documents you were belligerent, accusatory, aggressive, and demanding. As a new physician Dr. Bardell was not familiar with your case and when he attempted to question you regarding your case you became demanding, threw papers on the desk, and left the department before he could finish his examination. RN Williams saw you 9/4/00 and during that visit you made the comment that if you can't get your pain medication then you are going to fall out. You threatened to manipulate your blood sugar in order to get what you wanted as far as pain medication was concerned. PAC Cain saw you 9/15/00. An examination again was inconsistent with the complaints that you offered during that visit. It is also noted that since you have been here at SCI-H you have requested to work in the Building Trades program and to also use the Library. The Building Trades program is an education program for construction. It is also noted that you requested bottom bunk/bottom tier status when Dr. Shumaker saw you on 9/1/00. Based on your problems with your back. Please be advised that the practitioners here at SCI-H will manage your care appropriately based on their objective findings to your subjective complaints. Your care is not driven by your demands, wants, or threats. It is also noted that surgery was offered to you while you were at a previous SCI and you refused to have the surgery done. It is also noted that previous attempts to assist you with providing a diet for weight loss, exercises, etc. have been rejected by you. I am encouraging you to work with the healthcare team in order to manage your healthcare problems. In doing so, you are encouraged to actively participate by listening as apposed to attempting to bully healthcare staff into providing care that you want. Be advised, if medication, surgery, or any further tests are determined to be medically necessary for you under this contract or any other they will be provided to you. The determination for medically necessary is made by the healthcare providers responsible for developing your treatment program. Again, I am encouraging you to work with healthcare staff in order to facilitate you gaining gainful employment within the institution and working through your programming to make the best use of your time here at SCI-H. Your grievance is found to be without merit due to the fact that you have not been refused medication and you have not been refused a back operation under false pretenses.

:mw

cc: D. Baney
 Deputy Williamson
 Deputy Patrick
 Nurse Supervisor
 Carol Pollock
 DC-15
 File

<i>D. Baney</i>	SIGNATURE OF GRIEVANCE COORDINATOR	DATE
		9/15/00

DC-804
PART 1RESPONSE RECEIVED
9-21-00 MS. YAGERCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0136-00

TO: GRIEVANCE COORDINATOR - APPEAL TO Superintendent -	INSTITUTION SCI - Huntingdon	DATE 9-21-00
FROM: (Commitment Name & Number) MOSER BE4713	INMATE'S SIGNATURE J. M. --	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT CA - 1028	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

PLEASE REVIEW ALL THE "TESTING" AND "MEDICAL FACTS" PROVEN MEDICAL FACTS ARE I HAVE (4) M.R.E. SCAN Reports (1) NURO-SURGEON Report (with Specialist orders FOR Fusion operation AND PAIN MANAGEMENT "oxycontin" until said Fusion is Done) (which By U.S. Sup. Ct. Standard IS mandatory treatment needed WHEN ORDERED BY A SPECIALIST) AND AN E.M.G. Report. NOW I SAY, I'VE BEEN TO (7 or 8) OTHER REKNOWNED NEURO-SURGEON whom ALL SAID THE SAME THING AS ALL THE SCIENTIFIC PROOF IN TESTING SAID, AND SUCH IS ALREADY IN RECORD IN FEDERAL COURT CU-99-0306 THESE TEST DON'T LIE, NOR ARE ALL my Doctor BEFORE I GOT TO HUNTINGTON, DRUG Pushers. I WAS MEDICATED AND INSTRUCTED FOR SURGERY BECAUSE IT WAS A PROVEN NEED. AS THIS PROCEEDS TO COURT ACTION, I ONLY HOPE TO SEE THE MEDICAL Dept. STAFF AT HUNN. ATTEMPT TO PROVE THAT

B. Actions taken and staff you have contacted before submitting this grievance: **ALL my Doctor fast AND MEDICAL TESTING WITNESSES ARE LIARS, DRUG Pushers AND EXPLAIN HOW YOU BULLY A M.R.E. SCAN MACHINE. Ms. YAGER WHOLE RESPONSE IS WITHOUT MEKit, SHE Doesn't ADDRESS THE SCIENTIFIC PROOF, I Don't LIVE IN ARIZONA, AND I GOT Bottom Bunk over THERE BECAUSE OF SUTURES - THE ONLY PERSON(S) LIES ARE Huntingdon Medical staff**

Your grievance has been received and will be processed in accordance with DC-ADM 804. **TO SAVE MONEY CAN-I INTENTIONAL HAVING ME READ THE PEOF PLEASE ASSIST. --**

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE: 9-15-00

SUBJECT: Inmate Request Slip

TO: Moser

Inmate Name

FROM: Kenneth D. Kyler
Superintendent

1028
BE-4713

D.C. #

C

Unit

I have received your inmate request slip and have the following response.

Referred to appropriate staff member M.B. P. Harges

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:

cc: Counselor W. Cummins
File

DC-135A

Dated/Copied/A&D-A Requests

LEGAL SECRETARY CORRESPONDENCE *J.H.L.*
 10/18/00, 1746
INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

14 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MoSeV REU 713

4. COUNSELOR'S NAME

Counselor

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

I am DEEMED (Legally Disabled) By (Bureau of Disability Comm. of Pennsylvania)
 (Disability Commission of Texas & Nevada) (Federal Bureau of Disability
 S.S.I. & S.S.D. Administration) So I "Now" Formally REQUEST that you
 comply with THE AMERICANS WITH DISABILITIES ACT OF 1990, Rehab. Act and my
 Filed Disability Claim for SERVICE FILED with THE P.A. D.O.C. Camp Hill. I am
 NOT Asking you to upgrade your whole Prison, which is not Compliant with THE ADA
 and Does Grossly Discriminate Against the DISABLED. I am Formally REQUESTING
 To Be housed on THE SPECIAL NEEDS unit of SCI-HUNTINGDON, AS I Legally
 Qualify MORE THAN most already House in THERE, and Be Permitted to have a Single
 Bottom Bed Cell, AS THE Federal Standard IS 50" of Space (Per Disabiled Person)
 and Privacy for Incarcerated Prisoner to Care Themselves when they HAVE such
 Problem. PLEASE Command my Housing Change Timely. Your ASSISTANCE IS Deeply
 APPRECIATED GOD BLESS You and yours.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(Penn. v. D.O.C. vs. Yeskey), 118 U.S. Supreme Ct. 1952 (1998)
 & Plain Text of THE II of THE AMERICANS WITH DISABILITIES ACT, UNAMBIGUOUSLY EXTENDS TO STATE
 PRISON INMATES. *

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

DC-135A

C.C. (Kylar)
ATT/..

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

WARDEN Kylar

2. DATE

14 SEP 1, 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEB BEC4713

4. COUNSELOR'S NAME

Cormonins

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA -028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir, Recently I wrote Counsel /Att. In a effort to get assistance, with the medical neglect, in so I was in my Constitutional rights to do so, I've broken no rules here nor, taken actions on anything, Nor served the trust. Personally so, the person I am writing you is, I don't want to be a Hassle (or) Thorn on your side, in fact if your staff "makes an honest effort to effectively manage my pain immediately and schedule treatments" I would Deeply APPRECIATED IT, Even in writing "My E.M.G, Showed I was not taking, my (4) M.R.I. were not wrong and neither was the Neuro-Surgeon(s), Now that you got your proof, PLEASE stop the medical neglect and lets move on forward -

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

I'm getting the above mentioned treatment and I want to work with you. If I've offend you in any manner, in my correspondence's I apologize.

Thank You Kindly!

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon

(814)643-2400

September 13, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Moser, BE-4713
C Unit

FROM: Diana G. Baney

Diana G. Baney
Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- Grievances must be signed. (Section VI., A, 3)
- Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my position regarding this matter remains unchanged. The issues regarding your medical complaints and complaints about Dr. Mohadjerin are being addressed in response to grievance # 0136-00. As I previously advised you, if you have any additional information you feel should be considered, you should submit this information to Mrs. P. Yarger, Health Care Administrator, via request slip.

Because this matter is already being addressed in response to the above noted grievance, be advised that your request to file an additional grievance is denied.

DGB:tll

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-135A

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

Grievance Coordinator

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
<u>Mrs. BANEY (Assistant To Superintendent)</u>	
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
<u>MOSEB BE4713</u>	<u>Commings</u>
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
<u>CB-130</u>	

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Ms. BANEY, WITH ALL DUE RESPECTED PLEASE SEE ATTACHED - PLEASE ASSIGN IT A GRIEVANCE NO# AND PROCESS IT IN ACCORDANCE TO D.O.C. POLICY AND PRISONER LITIGATION REFORM ACT OF 1996) YOU SAID THIS ISSUE WAS BEING ADDRESSED ALREADY IN GRIEVANCE NO# 0136-00,, THIS IS MORE THAN ENOUGH RESPECTFULLY, THIS IS A SEPARATE INCIDENT AND A DIRECT VIOLATION OF MY CONST. RIGHTS WHICH TOOK PLACE ON A DIFFERENT DAY. IF YOU CHECK MY FILE I LITIGATED THE PROBLEMS BEFORE, WITH REFERENCE TO GETTING GRIEVANCE NO# ASSIGNED TO MY GRIEVANCE. NOW, I FEEL I'M BEING DENIED MY DUE PROCESS RIGHTS BY YOUR OFFICE AGAIN. (THE P.L.R.A.) STATES I MUST EXHAUST REMEDIES ON EACH SEPARATE ISSUE, UNLESS PRISON OFFICIAL MAKE SUCH IMPOSSIBLE. ALL I ASK IS THAT I BE ASSIGNED NO# IN ACCORDANCE WITH THE LAW, & THAT I NOT BE HARRASSED UNNECESSARILY BY STAFF, IN RETALIATION FOR MY LITIGATION.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

{ AS IS BECOMING THE CASE TOWARDS ME, WITH GUARDS AND STAFF. PLEASE DOCUMENT SUCH. THANK YOU AND MAY GOD BLESS YOU & YOURS -

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my review of this grievance indicates that it is currently being addressed in response to grievance # 0136-00. Subsequently, a second grievance will not be processed regarding this matter. If you have additional information you feel should be considered by Mrs. P. Yarger, Health Care Administrator, I recommend that you submit it to her in the form of a request slip.

DGB:tll

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 18, 2000

SUBJECT: Response to Inmate's Request to Staff Member

TO: Moser, BE-4713
CA Unit

FROM: *Diana G. Baney*
Diana G. Baney
Superintendent's Assistant

In response to your request, be advised that I have no medical expertise and I am in no position to question the medical expertise of staff in the Medical Department. Therefore, I can only recommend that you continue to work through Mrs. Yarger regarding the issues you raise in this request. I am certain that medical staff will take into consideration the results of any medical test you have at this facility or outside the facility.

DGB:tll

cc: Deputies
Mrs. P. Yarger
Mr. W. Cummins
DC-15
File

DC-135A

C.C. (5) Williamson
 YAGER
 BANEY
 ATT/FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. BANEY (ASSIST. TO SUPERINTENDENT)

2. DATE

14 SEPT 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY BE4713

4. COUNSELOR'S NAME

COMMADS

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA - 028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (THURSDAY 14TH SEPT. 2000) I WAS TAKEN OUT FOR A E.M.G. WHICH SHOWS THE LEVELS OF PAIN I AM IN AN EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD THAT HIS BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER. THUS HE MUST BE HAVING EXTREME (LOT) OF PAIN. SO CO HARMER WALKED ME DOWN TO MEDICAL WHERE WE LEFT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING AND MY BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 months) FOR THE D.O.C. TO TREAT, NOW IT MAYBE IRREVERSABLE HARM. BUT I'M NOT WRITING YOU TO ACCUSE OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NEURO-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT, PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAYBE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S.A.P - THANK YOU KINDLY —

(He also affirmed my encointinence due to nerve damage)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

BANEY

DATE

COMMOMWALTH OF PENNSYLVANIA

Department of Corrections
State Correctional Institution at Huntingdon

(814)643-2400

DATE: 9-1-00

SUBJECT: Inmate Request Slip

TO: Moser

Inmate Name

Kenneth D. Kyler

FROM: Kenneth D. Kyler
Superintendent

BE-4713

D.C. #

C

Unit

1030

I have received your inmate request slip and have the following response.

Referred to appropriate staff member Mrs. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:

cc: Counselor W. Cummings
File

DC-135A

c.c.
Super
Chaper
ATT.

* LEGAL *

INMATE'S REQUEST TO STAFF MEMBER

(SEE ATTACHED)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Superintendent Kenneth D. Kyle</i>	2. DATE <i>31 Aug 00</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSEIR BE4713</i>	4. COUNSELOR'S NAME <i>CUMMINS</i>
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>CB-130</i>

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Greetings,

Mr. Kyle, I hear your a fine man, and I have much respect for you. I sent this affidavit through your office, because that is the proper way to see it gets filed into record, so later down the road it can't be said, the D.O.C. Headquarters didn't know about the affidavit. In the same that's why I wrote you about Dr. Monaghan, retaliatory actions and extreme medical neglect, so nobody can say later, "I claim my 8th amend. Protection I didn't know." All parties are fully knowing of the unlawful & unconstitutional actions of the Doctor, it's up to you if you or staff want to step in and help. All assistance is deeply appreciated. Next, within the next 30 days I

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Expect your office will be contact by press members and attorney's. I fully consent to speak with them, and release any request records. PLEASE FILE SAID DOCUMENTS INTO RECORD. THANK YOU AND MAY GOD BLESS YOU & YOURS. RESPECTFULLY J. Moseir

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

***LEGAL AFFIDAVIT ***

INMATE'S REQUEST TO STAFF MEMBER

C.C. - Sugee
Chaplin
ATT:

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Superintendent Kenneth D. Kyler	31 Aug 00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MOSER BE4713	Cummins
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

***LEGAL AFFIDAVIT - SWORN STATEMENT (28 U.S.C. § 1746)**

You ARE HEREBY LEGAL NOTIFIED IN ACCORDANCE WITH U.S. CONST.
THAT I, Jeffrey Paul Moser (BE4713) AM OF THE FAITH (RELIGION) AS
THAT OF AN "JEHOVAH WITNESS" PRACTICE CHRISTIAN BELIEF.

THEREFORE, I WILL NOT ACCEPT NO ALTHERABLE FLUIDS ENTERING
MY BODY. SUCH AS, (A.) BLOOD TRANSFUSION (B) I.V. FLUIDS (C)
MEDICATION (C) FEEDING TUBES (D) NEEDLES (E) SHOTS WITH NEEDLES.

THE ONLY EXCEPTION TO THIS AFFIDAVIT, IS TO GIVE YOU MY
EXPRESS PERMISSION. OTHERWISE DO NOT VIOLATE MY CONSTITUTIONAL
RIGHTS AND FORCE UPON ME FLUIDS ETC... THIS AFFIDAVIT CAN AND WILL
BE USED IN UPCOMING COURT ACTIONS. SWORN TO BE TRUE & CORRECT.

***WITNESSED / DATED / COPIED:**

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Jeffrey Paul Moser 31 Aug 00

—Thank you kindly —

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(g)

C-A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mrs. Yager (Medical Administrator)

2. DATE

13 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

COMMINS

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA - 028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MA'AM Respectfully,

You Told ME " work with THE MEDICAL STAFF MOSER"

PLEASE TELL ME what THAT MEANS, ? When your STAFF HAS CUT ME OFF ALL TREATMENT, WHAT DO I WORK WITH ms. YAGER, I CAME HERE ON A MEDICAL TRANSFER, BECAUSE I AM DISABLED (LEGALLY) AND IN NEED OF (CONSTANT PAIN MANAGEMENT FOR SPINAL INJURY, WHICH I NEED A DOCTOR, IT'S ALL IN THE FILE, (I FILED AN A.D.A. BECAUSE THE STATE(S) AND FEDERAL GOV. DECLARED ME DISABLED AND IN "NEED" OF ALL THE TREATMENT ABOVE, I GET NO PAIN MANAGEMENT (WHICH CAUSES ME GREAT SUFFERING AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

IS DISCRIMINATORIAL OR VIOLATION OF THE A.D.A.

NO M.R.E., E.M.G., NURSE-SURGEON APPOINTMENT, / NO TREATMENT IS OFFERED, TO WORK WITH -

ONLY INDIFFERENCE TO HARM ME IS OFFERED; IF MY LAWYER TODAY SAID "WHAT ARE YOU DOING FOR HIM," / AND THE RECORD WOULD SHOW "NOTHING" MA'AM. SO PLEASE GIVE ME SOMETHING TO WORK WITH, AND IF I GOT TO WAIVE MY OPERATION, TO GET SOME PAIN RELIEF, SO I CAN FUNCTION AS A LEGALLY DISABLED PERSON. AT THIS POINT ILL DO IT, BECAUSE I'M NOT GOING TO MAKE TO MUCH LONGER WITHOUT SOMETHING TO WORK WITH. PLEASE CALL ME AND TALK. A.P.S.A.P. THANK YOU KINDLY.

Mr. Moser
you had an
EMG done
and you requested
dated 5/14/00 indicated
this. We are bound
waiting to determine
what's so appropriate
requests to treatment
plan for you

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

9/18/00

DC-135A

C.C(5) *William S. Yager
BARRY
ATT/FILE*

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
MS. YAGER (Medical Admin)	14 sep 00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MOSEY BE4713	Commiss
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	(A - 028)

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (Thursday 14th Sept. 2000) I WAS TAKEN OUT FOR A E.M.G. which shows THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG 3' Foot. Afterwards THE Doctor CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD ~~His~~ BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER", THUS HE MUST BE HAVING EXTREME (ALOT) OF PAIN. So ~~John~~ WALKED ME DOWN TO MEDICAL WHERE WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS what I'm having). BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 months) FOR THE D.O.C. TO TREAT ~~ME~~, NOW IT MAYBE IRREVERSEABLE HARM. But I'M NOT WRITING YOU TO ARGUE OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) But to say I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS my NURO-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT, PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAYBE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S.A.P. - THANK YOU KINDLY —

Mr. Mosen.
It is not in the scope of practice for Mrs. Yager or for Mrs. Yager to order myself to do. This pain needs to be done by a PAC or MD. As previous we all executing formal requests of EMO & NCS

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

0-9-00

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

State Correctional Institution at Huntingdon

(814)643-2400

1030

DATE: 8-21-00

SUBJECT: Inmate Request Slip

TO:

Moser

Inmate Name

FROM:

Kenneth D. Kyler
Superintendent

BE-4713

D.C. #

C/B

Unit

I have received your inmate request slip and have the following response.



Referred to appropriate staff member

M.B. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor
File

HWS/ED/COPIED

Kyle
Erhart
ATTORNEY
FILE

INMATE'S REQUEST TO STAFF MEMBER

*LEGAL Affidavit (28 U.S.C. 1746) for*COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

KENNETH D. KYLEK (superintendent)

2. DATE

17 Aug 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSELER BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 1 of 3

6. QUARTERS ASSIGNMENT

CB - 130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir, I was told to write, you. As you were fair and would listen. I would like to talk to you. I have a major problem and would like to show you the paperwork on it. (E.E. Federal Litigation (Lawsuit) Documents, medical record state 3rd Federal ECI- ECT.) I was sent here under the understanding I could have my proper pain medication here and get my spinal fusion operation, without harassment and medical neglect for seeking such. Well sir. I have Hep. C. and Liver Disease and And Surgery orders and recommendations for "Oxycontin" pain meds. Because the present meds don't work and contains to much Tylenol per day for me to take. (SEE medical records) This order is from a D.O.C. Sergeant and also Federal Doctors. Well I saw the doctor today and he ordered me Percocet → (CONTINUED) →

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DC-135A

(2)
2 of 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 2 of 3

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, But not like the recommend medication would, But the ~~Tylenol~~ Tylenol is a much safer level with the Peracet. (ACCEPTABLE) Then Tonight at the med window I'm told I'm back on Darvocet, which barely works and kills me slowly via Liver Damage. This is more of the same medical neglect and Malpractice and Medication Discretion that I just left. Sir, I have a multi-million dollar Lawsuit Pending Against the D.O.C. for the same action above, which the Federal Authorities Affirmed my Medical Claims. And need for all the treatment. (LOOK AT THE FILE, THE TRUTH IS IN THERE) I don't want this treatment, I NEED IT, immediately. I'm writing you with all due respect sir. I don't want to file grievances, sue you or your admin. As an add on Defendant, Be shipped (or) retaliated AGAINST (CONTINUED → 3 of 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(3 of 3)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 3 of 3

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

As I Just when THREE ALL THAT, AS WELL AS I RECENTLY GOT THE PRESS INVOLVED, AND WILL VERIFY SUCH FOR YOU IF REQUESTED. I DON'T NEED TO GO THRU ALL THAT AGAIN, TO GET PROPER MEDS, A SPINAL FUSION OPERATION. DO I SIR? I UNDERSTAND IF I MUST GO TO COURT MY MEDICAL SPEAKS FOR ITSELF AND I WILL WIN MONTARY DAMAGES. I DON'T WANT MONEY (OR) TO HASSLE YOU. I JUST WANT MY PAIN MANAGED PROPERLY WITH SOME FORM OF PAIN MED. RECOMMENDED. THAT WORK AND TO HAVE MY SPINAL FUSION DONE AS SOON AS I AM ABLE TOO. I DON'T WANT TO BE SHIPPED, HARRASSED, (OR) MADE TO COMplain CONSTANTLY, TO THE COURTS, 3 YOU. I JUST WANT HELP! AS STATED IN MY RECORDS. I KNOW LITTLE GETS DONE WITHOUT THE COURTS AND PRESS. BUT I JUST WANT TO BE UNHEARD HERE. PLEASE INTERVENE, AND SEE TO IT I GET MY MEDICATION AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

OPERATION, I'M NOT ASKING FOR NOTHING EXTRA, THIS IS WHAT I GOT COMING READ THE RECORD, CALL D.O.C. COUNSEL, IF YOU DON'T BELIEVE ME. I PROMISE YOU SIR IF YOU HELP ME, I WILL BE FOREVER GRATEFUL AND YOU WON'T HERE ANOTHER PEOP out of ME, BECAUSE YOU'LL BE THE ONE WHO HELP STOP THE NIGHTMARE. I WOULD LIKE TO SPEAK WITH YOU SIR. THANK YOU AND GOD BLESS, YOU 3 YOURS.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

State Correctional Institution at Huntingdon

(814)643-2400

DATE:

8-21-00

SUBJECT: Inmate Request Slip

TO:

Moser

Inmate Name

11/1/00

FROM:

Kenneth D. Kyler
Superintendent

BE-4713

D.C. #

CB

Unit

201

103

I have received your inmate request slip and have the following response.

Referred to appropriate staff member Mrs. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:

cc: Counselor
File

DC-804

PART

SEE ATTACH.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Docket No# PLEASE

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. [Redacted]

TO: GRIEVANCE COORDINATOR MEDICAL GRIEVANCE	INSTITUTION S.C. C. H.	DATE 17th Aug. 00
FROM: (Commitment Name & Number) MOSEK BE4713	INMATE'S SIGNATURE 	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT B-B- CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM ONCE AGAIN SUFFERING FROM MEDICAL NEGLECT AND THIS CAUSES ME GREAT PAIN AND SUFFERING. I CAME HERE IN NEED OF A SPINAL FUSION, AND ORDER FROM THE DOCTORS TO PUT ME ON OXYCONTIN FOR SEVERE PAIN BECAUSE THE PRESENT PAIN MEDICATIONS DO NOT WORK (DANVOCET) AND I HAVE HEP-C AND THAT MUCH TYLWOL PER DAY IS KILLING MY LIVER. (SEE ATTACHED) NOW I WENT THRU ALL THIS WITH MR. ERHARD AT CAMP HILL AND MR. FORD AND WAS ASSURED I WOULD GET MY MEDICATION AND OPERATION AT HUNTINGDON, WELL I TOOK PEROCET TODAY AND IT HELPED A LITTLE AND HAD LESS TYLENOL. BUT TONIGHT I AM TOLD I'M BACK TO SAME OLD THING, DANVOCET, AND 500MG PER. THIS IS MORE OF SAME, I WANT TO EXHAUST DC-804, AND GO BACK TO THE FEDERAL

B. Actions taken and staff you have contacted before submitting this grievance: (See Part A, Step 3) I'M GOING TO GET TO FURTHER, MEDICATION DISCONTINUATION, I LIFE THREATENED MEDICAL NEGLECT. (I) SPOKE TO NURSE, SPOKE TO DOCTOR, SPOKE TO ST. ETC. NO RESULTS, ENOUGH MALARKEY, PLEASE RESOLVE 3 ASSIST.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

PART 1

DATE / WITNESSED / COP FEU

OFFICIAL INMATE GRIEVANCE

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

FROM: (Commitment Name & Number)

卷之三

JEFFERSON

Page 656

8

Jeffrey VLOSER BEY 713
WORK ASSIGNMENT

CHAPTER 20 ASSIGNMENT

—
—

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner.
 3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Now, THAT I HAVE EXHAUSTED ALL REMEDIES, BEFORE FILING A GRIEVANCE, TO THE Point (P. Everhardt (RNS)) OF THE MEDICAL DEPT. STATED SHE WILL ADDRESS "NOMORE" REQUEST ON THIS ISSUE) SO, I ONLY HAVE THE GRIEVANCE PROCESS THEN CLEVELS 3 PRESS AGENCIES TO TURN TOO. I AM BEING REFUSED A SPINE FUSION OPERATION, NURSE-SURGEON CONSOLATION, EFFECTIVE PAIN MEDICATIONS, (E.E. WITH LESS TYLENOL BECAUSE I HAVE LIVER DISEASE) AND THE PRESENT MEDS, DON'T WORK, BECAUSE I NEED A SPINE FUSION AND UNTIL I HAVE SAID OPERATION MY CONDITION AND PAIN CAN AND WILL ONLY GET WORSE. THE NEED FOR THE OPERATION & STRONGER MEDICATION ARE REFLECTED IN MY MEDICAL RECORD. BUT ARE BEING IGNORED. I AM REFUSED MEDICATION, & THE OPERATION UNDER FALSE PRETENSES. I AM NOT REFUSING THE OPERATION, IN FACT, I'VE BEEN SEEKING THE OPERATION FOR SOME TIME. NEXT I HAVE NO HISTORY OF DRUG ABUSE WITH MEDICATION, ONLY A NEED FOR PAIN.

B. Actions taken and staff you have contacted before submitting this grievance:

WROTE SUPERINTENDENT KYLEK; (RESPONSE RECEIVED) (4) REQUEST FILED TO MS. YABEK
(RESPONSE RECEIVED BY D. EVERHART ON BEHALF OF MS. YABEK) (8-29-00) (2) SICK VISITS
SPOKE TO DR. REENEK, ALL AUE ADDRESSER WITH NO RESOLUTION (OR) ASSISTANCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

D. Barney

Signature of Grievance Coordinator

8-31-00

Date

COMM. DEPARTMENT OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE:

8-21-00

SUBJECT: Inmate Request Slip

TO:

Jeffrey Moser

Inmate Name

141, 142

FROM: Kenneth D. Kyler
Superintendent

BE-4713

D.C. #

C
Unit

I have received your inmate request slip and have the following response.

Referred to appropriate staff member M.B. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:

cc: Counselor CB Unit
File

1030

Very Please
Handwritten Notes on the
back. Taken were written for
Dr. Nakkache is my Federal Judge,
but this is THE own Exhibit Copy
I HAVE to SEND you. This is my
Report from the D.O.C. which states what's
No. work, what need also
(Medication & operation)
Ex. I have you
Proof for you
Virtually 570-714-8900
Thank you 570-714-0960 (Fax)

Benjamin Nakkache M.D. F.A.C.S. F.I.C.S.
Diplomate American Board of Neurological
Surgery..
Microneurosurgery...

SENT TOO!
Superintendent
Kylek 8/17/2000

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, until he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the Left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

- 1.) Mental Status: Patient is awake, alert and oriented X3
- 2.) Neck: Soft , Supple
- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Radiology: I reviewed his M.R.I. of the Lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

I feel at this point, He should be considered for surgery.

* I am aware that the Patient may have had other problems in the past as per the prison doctor, But certainly the M.R.I. findings are quite straightforward. Although a Limited Laminotomy could be done on the left side at L4-L5 that could be difficult because of his previous surgeries and as such a Full Laminectomy will be more effective and safer to remove the recurrent Disc Herniation. However this would certainly cause more back pain unless a Lumbar Fussion is done at the same time at both levels and if so, in his case, Pedicle screw fixation with a Posterolateral bony fusion will be recommended. that of course would require a bone graft from the right hip or left hip...

~~In the mean time, I feel the Patient should be placed on Oxycontin around the Clock perhaps 20mg (or) 40mg twice a day to see how he responds to that. Should surgery be Authorized I would be glad to do it on a Three or Four week notice..~~

NOTE: THIS IS ANY EFFECTIVE MEDICATIONS (OR) TREATMENTS ARE REFUSED TO ME TO DATE..

Doctor: Nakkache Report of 20th Day of March, 2000

Hand copied Word for Word By: Jeffery Moser out of his Medical File, In accordance with F.O.I.A. Law...

Waivers given Freely To all Officers of the Court , I.E. Attorneys & Judges & Members of the Press, Whom may need to reference the Originals in the interest of Justice. Jeffery Moser is the Patient Herein this report. Thus his rights are active....

NOTE: THIS REPORT WAS IN RESPONSE TO AN "ACCIDENT I HAD IN JAN. 2000" ONLY THEN DID I RECEIVE THIS CONSIDERATION. I SLIPPED ON THE ICEY WALKWAY. AFTER THEY WERE MADE AWARE BEFOREHAND THAT BECAUSE OF NERVE DAMAGE FROM MY SPINE INJURY, DOWN MY LEFT SIDE (LOSS OF FEELING, BALANCE) I CAN NOT BALANCE WELL ON ICE, SNOW (OR) WET SURFACES. TO DATE I STILL AM FORCED TO WALK THE SAME ROUTE. THIS DOCTOR CONFIRMS THE DANGER, AS WELL AS

DATED / WITNESSED / copied

DC-135A

KYLER
Echart
ATTORNEY
FILE

INMATE'S REQUEST TO STAFF MEMBER
LEGAL AFFIDAVIT (28 U.S.C. 1746) *for*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparation for your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

KENNETH D. KYLER (SUPERINTENDENT)

2. DATE

17 AUG 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSELR BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 1 OF 3

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR, I WAS TOLD TO WRITE, you. As you were fair and would listen - I would like to talk to you. I have a major problem and would like to show you the paperwork on ET (I.E. Federal Litigation (Law suit - Documents, medical record state 3rd FEDERAL ECL- ECL-) I was seen here under the understanding I could have my proper pain medication here and get my spinal fusion operation, without harassment (or medical neglect for seeking such, well sir. I have Hep. C. and Liver disease and had surgery, order and recommendation for "Oxycontin" for med. Because the present meds don't work and (refuse to mix). I am killing Tylenol per day for me to take. (SEE MEDICAL RECORDS) This order is from A.D.O.C. Surgeon and also Federal Doctors, - well I saw the Doctor today and he ordered me Percocet → (continued) →

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr Moser.

This was sent to me for review + answer. Chart review indicates you arrived here from SCI Frackville on 3/16/00. There is no order or indication that you received pain medication, other than Darvocet, except for a 6 day period of Tylenol #3, while @ Frackville. It is noted you saw the specialist and he recommended surgery, which you refused to have done. Additionally it is noted that after conversing with the specialist - he had recommended Oxycontin based on your request for pain management using morphine. When you arrived here you were ordered Percocet @ your request. After that visit the physician TO DC-14 CAR ONLY reviewed the record and determined TO DC-14 CAR AND DC-15 IRS continued use of Percocet was not in your best overall

STAFF MEMBER

DATE

Percocet

8-24-00

DC-135A

(2)
2 OF 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSELR BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 2 OF 3

6. QUARTERS ASSIGNMENT

(B-130)

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, But not like the recommend medication would, But the ~~Tylenol~~ Tylenol is a much safer level with the Percet. (ACCEPTABLE) Then tonight at the med window I'm told I'm back on Darvocet, which barely works and kills me slowly via Liver Damage. This is more of the same medical neglect and Malpractice and medication discrimination that I just left. Sir, I have a multimillion dollar Lawsuit Pending Against the D.O.C. For the same action above, which the Federal authorities affirmed my medical claims. And need for all the treatment. (LOOK AT THE FILE, THE TRUTH IS OUT THERE) I don't want this treatment, I NEED IT, immediately. I'm writing you with all due respects Sir. I don't want to file, grievances, sue you or your admin. As an add on defendant, Be shipped (or) retaliated against (continued → 3 of 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(Pg 2)

Medical management and it was stopped + Darvocet was ordered. You will be medically managed here by the healthcare providers, based on their findings regarding what is medically necessary for you. You will not be medically managed based on what you request, demand or threaten to do. If a change in the treatment plan is needed, healthcare professionals will determine such and I am advising you to work with them in implementing and continuing the plan of care medically necessary for you.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Requester's

DATE

8-24-00

DC-135A

(3 of 3)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSELR BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 3 of 3

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

As I Just when THREE ALL THAT, AS WELL AS I RECENTLY GOT THE PRESS INVOLVED, AND WILL VERIFY SUCH FOR YOU IF REQUESTED. I DON'T NEED TO GO THREW ALL THAT AGAIN, TO GET PROPER MEDS 3' A SPINAL FUSION OPERATION. DO I SIR? I UNDERSTAND IF I MUST GO TO COURT MY MEDICAL SPEAKS FOR ITSELF AND I WILL WIN MONEY DAMAGES. I DON'T WANT MONEY (OR) TO HASSLE YOU. I JUST WANT MY PAIN MANAGED PROPERLY WITH SOME FORM OF PAIN MED. RECOMMENDED. THAT WORK AND TO HAVE MY SPINAL FUSION DONE AS SOON AS I AM ABLE TOO.

I DON'T WANT TO BE SHIPPED, HARRASSED, (OR) MADE TO COMPLAIN CONSTANTLY, TO THE COURTS 3' YOU. I JUST WANT HELP! AS STATED IN MY RECORDS. I KNOW LITTLE GETS DONE WITHOUT THE COURTS AND PRESS. BUT I JUST WANT TO BE UNHEARD HERE. PLEASE INTERVENE, AND SEE TO IT I GET MY MEDICATION AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

OPERATION, I'M NOT ASKING FOR NOTHING EXTRA, THIS IS WHAT I GOT COMING READ THE RECORD 3' CALL D.O.C. COUNSEL, IF YOU DON'T BELIEVE ME. I PROMISE YOU SIR IF YOU HELP ME, I WILL BE FOREVER GREATFUL AND YOU WON'T HAVE ANOTHER PEOP OUT OF ME, BECAUSE YOU'LL BE THE ONE WHO HELP STOP THE NIGHTMARE. I WOULD LIKE TO SPEAK WITH YOU SIR. THANK YOU AND GOD BLESS YOU 3' YOURS.

See
Pg 1-2

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Lee

DATE

8/24/00

Mr. Please
 I Enclosed file with the
 handwritten notes on the
 back. Take week written for
 my Attorney's and Federal Judge,
 but this is the only Explan. Copy
 have to send you. This is my
 report from the D.O.C. Spec. L.S.
 which clearly states what's
 Nor week, what need also
 (Medication & operation)
 Ect. I have much more
 proof for you
 Thank you
 570-714-0960 (Fax)

Benjamin Nakkache M.D. F.A.C.S. F.I.B.S.
 Diplomate American Board of Neurological
 Surgery..
 Microneurosurgery...

SENT TOO!
 Superintendent
 Kylek 8/17/2000

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, until he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

- 1.) Mental Status: Patient is awake, alert and oriented X3
- 2.) Neck: Soft , Supple
- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Radiology: I reviewed his M.R.I. of the lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

DC-135A

c.c. (5) PER
counsel
P/A
Vol.

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) MS. YAGER (Medical Administrator)	2. DATE 05 Aug. 00
3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSER BE4713	4. COUNSELOR'S NAME Cummins
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT B-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Greetings, I just RECEIVED your RESPONSE to my REQUEST TO MR. KYLER (SUPER). First let me start by saying I Didn't Threaten you in ANY MANNER with Court Action, I stated a fact, which if you contact Mr. Edward Gill, You'll SEE I've already SERVED him. I find THE ONLY EFFECTIVE WAY TO RECEIVE INFORMATION IN THE D.O.C. IS THROUGH COURT ACTIONS and getting THE PRESS INVOLVED TO EXPOSE's WRONGFUL & UNLAWFUL ACTION Being without! I hope you PROVE ME WRONG HERE MS. YAGER and you have a willingness to DO THE RIGHT THING AND HELP ME MEDICALLY, OR ELSEWISE, IN MARCH 2000 THE U.S.C. APP. (3rd Cir.) GRANTED THE PH. D.O.C. TIME AND ESTIMATES TO CORRECT THEIR ACTION'S OF MEDICAL NEGLECT FOR MY CASE. THE D.O.C. HASN'T COMPLIED TO DATE, SO I shall present this! But I would like to TALK to you PERSONAL MS. YAGER, BECAUSE ALL I WANT IS TREATMENT FOR BACK (spinal fusion) & PAIN MANAGEMENT * THAT IS LESS STRESSFUL TO MY BACK AS I HAVE "HYP. C" and CHRON DISEASE*, A PILLOW FOR IN BETWEEN MY LEG'S WHEN SLEEPING (CONTINUED → BACKSIDE)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Moser,

It is well documented that you indeed refused surgery. You were seen on sick call recently and referred to your Unit Manager to discuss the extra blanket. There is no medical need determined to order one @ this time. Past or present Court actions do not determine medical treatment. Qualified medical personnel will amend your treatment plan as it is determined medically necessary to do so. Unless your medical condition changes demands or repeat requests of this same nature will not continue to be addressed. There is no need for a personal interview @ this time.

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

P. Everhart RN

DATE

8-29-00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598PLEASE ASSIGN DOCKET NO #
— P.L.R.A —Cap 120 / Dated / witnesssed
Submissiou —

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	<u>30 Aug. 00</u>
MOSER, Jeff BE4713	<u>J. M.</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	<u>CB-130</u>

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

THIS IS A "RETALIATION CLAIM" FILED AGAINST "DR. FARROKH MOHAMMADJERIAN"
 SO IN PROPER FORM IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE DOCTOR, RATHER
 WITH THE PROTOCOL IN MIND IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE
 DOCTOR. ON 29 AUG. 00 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF
 MEDICATIONS, TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS CALL DOWN
 BY THE DOCTOR, AND TOLD AS I UNDERSTOOD IT, THAT ALL MY MEDICATION FOR PAIN
 WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS TAKING
 IT, THAT HE BELIEVED THIS, THAT THE (4) M.R.I. (DOCTOR FOR MEDICAL PROOF TESTING)
 AND ALL NURSE-SURGEON DOCTOR (POST) (TOTAL) D.O.C. DOCTORS AND SPECIALIST AND
 FEDERAL MEDICAL SPECIALIST WERE WRONG AND HE IS RIGHT, I'M FISHING - WE KNOW
 M.R.F. DON'T LIE (OR) DO NURSE-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A
 PROVEN FACT. HIS ACTION ARE RETALIATORY, AMOUNTS TO INTENTIONAL INDIFFERENCE TO CAUSE

B. Actions taken and staff you have contacted before submitting this grievance: ME GREAT PAIN AND SUFFERING, ATTEMPT TO
 DO INTENTIONAL IRREPARABLE HARM TO ME. TO STOP MY LitIGATION DUE TO PAIN
 AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND DOCTOR POST,
 ARE NOT WRONG, AND ONLY THE DOCTOR (MOHAMMADJERIAN) IS RIGHT, NO JUDGE WILL BUY THAT!

* (WROTE ABOUT MEDICAL NEEDS) (mainly referent to Med. Admin.) (SPOKE TO (PA))
 DR. RIEVEN, AND DR. MOHAMMADJERIAN (NO RESOLUTION) PLEASE DOCKET THIS INDIFFERENCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-135A	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
(DATE/COPIED/WITNESSED - CORR.)	INMATE'S REQUEST TO STAFF MEMBER	
	INSTRUCTIONS	
Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.		

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
UNIT MANAGER - MR. ELLIOT ~ CB-Block	28 AUG. 00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MOSER, Jeffrey BEC713	Mr. Committee
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Upon speaking with THE MEDICAL Dept. HERE, I WAS TOLD TO CONTACT YOU SIR, OTHERWISE I WOULD NOT BOTHER YOU. AS YOU ARE VERY BUSY I AM SURE. I HAVE A SPINE INJURY AND I AM CURRENTLY IN SPINE OPERATIONS, DUE TO THIS PROBLEM, IT REQUIRES ME TO SLEEP WITH AN "EXTRA PILLOW" TO REST BETWEEN MY LEGS, THIS HELPS TO KEEP DOWN THE PAIN AND STRAIGHTEN THE CURVATURE OF MY BACK WHILE I SLEEP. IT IS "NEEDED" MEDICALLY. I HAVE ALL THE DOCUMENTATION FROM SCI-FRENCKVILLE /SCI-GATESWOOD/FEDERAL PRISON WHICH STATES THE "NEED" FOR AN "EXTRA PILLOW". WHY AT SCI-HARRINGTON I AM TO ADDRESS THIS MEDICAL NEED, WITH A NON-MEDICAL-PROFESSIONAL I DON'T UNDERSTAND, BUT I WAS ASSURED BY MEDICAL, (Dept.) THAT YOU COULD HANDLE THIS FOR ME, WITHOUT DENY. SO PLEASE ARRANGE "THE EXTRA PILLOW" FOR ME (OR) DENY SO IN WRITING. THANK YOU FOR YOUR TIME SIR.

-I HADN'T-

MR MOSER,

I HAVE DISCUSSED YOUR REQUEST WITH MEDICAL STAFF AT THIS INSTITUTION AND THEY HAVE INFORMED ME THAT THERE IS NO MEDICAL NEED FOR THIS PILLOW.
YOUR REQUEST IS DENIED.

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE
8/30/00

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN DOCKET NO #
— P.L.R.A —

Copied/Dated/WITNESSED
Submission —
OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. [Redacted]

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER, Jeff BE4713	<i>J. M.</i>	30 Aug. 00
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
		CB-130

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

This IS A "Retaliations Claim" FILED AGAINST "DR. FARROKH Moshayekeni" SO IN Proper Form IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE Doctor, RATHER WITH THE protocol in mind IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE Doctor. ON 29 AUG. 00 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF Medications? TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS CALL DOWN BY THE Doctor, AND TOLD AS I UNDERSTOOD IT, THAT ALL MY MEDICATIONS FOR PAIN WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS FAKING IT, THAT HE BELIEVED THIS, THAT THE (4) M.R.I. STAFF FOR MEDICAL PROOF TESTING AND ALL NURO-SURGEON Doctor (Post) (9 Total) D.O.C. Doctor AND SPECIALIST AND FEDERAL MEDICAL SPECIALIST WERE WRONG AND HE IS RIGHT, I'M FAKING. WE KNOW M.R.I. DON'T LIE (OR) DO NURO-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A PROVEN FACT. HIS ACTION ARE RETALIATORY, AND IT'S INTENTIONAL ENCLIFFENT TO CAUSE ME GREAT PAIN AND SUFFERING, AIMED TO DO INTENTIONAL IRREPARABLE HARM TO ME. TO STOP MY Litigation DUE TO PAIN AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND Doctor Post, ARE NOT WRONG, AND ONLY THE Doctor (moshayekeni) IS Right, NO DOUBT WITH BUY THAT!

* (wrote various medical needs) (mainly request to Med. Admin.) (spoke to (PA) Dr. Pitzen, and DR. Moshayekeni, (no resolution) Please Docket this indifference.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

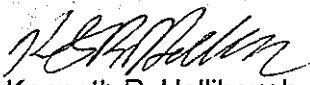
State Correctional Institution at Huntingdon

(814)643-2400

August 21, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Moser, BE-4713
CB Unit

FROM: 
Kenneth R. Hollibaugh
Assistant Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI., A, 5)
- Grievances must be signed. (Section VI., A, 3)
- Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedure Appeal from Initial Review, see DC-ADM 802, V.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

X Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that DC-ADM 804 requires a genuine effort be made to resolve problems before the grievance system is utilized. If you are experiencing difficulties with the diagnosis of the Medical Department you should contact Mrs. P. Yarger, Corrections Health Care Administrator, via written correspondence. If this fails to resolve your issue you may resubmit your grievance for further consideration.

KRH:tlI

cc: Mrs. P. Yarger
DC-15
File

DC-804

PART 1

C.C.

SEE attach.

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

Docket No # PLEASE

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR MEDICAL Grievance	INSTITUTION S. C. C. H.	DATE 17th Aug. 00
FROM: (Commitment Name & Number) MOSEK BE4713	INMATE'S SIGNATURE 	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT B-B- CB-130	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM ONCE AGAIN SUFFERING FROM MEDICAL NEGLECT AND THIS CAUSES ME GREAT PAIN AND SUFFERING. I CAME HERE IN NEED OF A SPINAL FUSION, AND ORDER FROM THE SURGEON TO PUT ME ON OXYCONTIN FOR SEVERE PAIN BECAUSE THE PRESENT PAIN MEDICATIONS DO NOT WORK (DARVOCET) AND I HAVE HEP-C AND THAT MUCH TYLENOL PER DAY IS KILLING MY LIVER. (SEE ATTACHED) NOW I WENT THRU ALL THIS WITH MR. ERHART AT CAMP HILL AND MR. FORD AND WAS ASSURED I WOULD GET ANY MEDICATION AND OPERATION AT HUNTINGDON, WELL I TOOK PEROCET TODAY AND IT HELPED A LITTLE AND HAD LESS TYLENOL. BUT TONIGHT I AM TOLD I'M BACK TO SAME OLD THINGS, DARVOCET, AND 5000 MG PER. THIS IS MORE OF SAME, I WANT TO EXHAUST DC-804, AND GO BACK TO THE FEDERAL

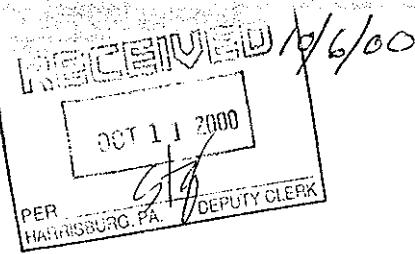
B. Actions taken and staff you have contacted before submitting this grievance:

COURTS A.S.A.P. IF ALL I'M GOING TO GET IS FURTHER MEDICATIONS DISCRIMINATION, 3 LIFE THEATER MEDICAL NEGLECT. (I SPOKE TO NURSE, SPOKE TO DOCTOR, SPOKE TO SGT. ECT. NO RESULTS, ERHART MATTER, PLEASE RESOLVE 3 ASSISTANT)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

No

Clerk of Courts



ATTACHED you will find a 36 page, REFILED 1983 Civil Rights Complaint. I MADE IT AS short as I Possiblity Could. THE U.S. Court of Appeal Granted me Forma Pauperis status and SCI-Huntington Will NOT afford me FREE Copies,,, So Regretfully I AM Indigent AND UNABLE TO MAKE THE Defendant Copies. I HAVE ENCLOSED THE original to you. I PRAY THE Honorable Court's Clerk would MAKE THE NEEDED Copies AND SERVE THEM, IN THE Interest of Justice,, I'm willing to Absorb THE Cost for my Forma Pauperis Status, And/Or Payments of 20% per Month. SCI-Huntington Feels, IF you Don't Have money, Don't Do Law Work. THIS IS UNCONSTITUTIONAL TO THE Indigent PRISONER But IT IS IN FACT, THE position I AM IN! I SUFFER GREATLY DUE TO CONSTITUTIONAL VIOLATIONS ENCLOSED, PLEASE FIND IT IN YOUR HEART, TO ASSIST ME. AS WELL I Had ANOTHER INMATE MAIL THIS, BECAUSE I ONLY Had .99 on my ACCOUNT. My CORRECT ADDRESS IS: JEFFERY PAUL MAYER BE4713 1100 FAKE ST. HUNTINGTON PA. 16654-1112 * PLEASE Don't MAIL TO THE NAME ON THE ENVELOPE.

THANK YOU, AND GOD BLESS YOU,¹ YOURS.
Jeffery Paul Mayer